"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"

Dissertation

Submitted to the Faculty of Nursing

ALL INDIA INSTITUTE OF MEDICAL SCIENCES,

BHOPAL

In partial fulfillment of the requirement for the degree of

M.Sc. Nursing Child Health (Paediatric) Nursing

By

Ms. Satyam Vada

Enrolment No: 2200044N07P76004

Under the guidance of

Dr. Mamta Verma

Associate Professor

Nursing College, AIIMS Bhopal

July 2024

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

UNDERTAKING

I, Satyam Vada M.Sc. Nursing student enrolled in the batch 2022-2024 with **Enrolment No: 2200044N07P76004** hereby declare that the data submitted for my M.Sc. Nursing dissertation belongs to me and is original. I also certify that the work was done by me to carry out this study.

The Institute shall not be responsible for any dispute or any conflict of interest that may arise out of this dissertation at any stage.

Satyam Vada

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

CERTIFICATE

This is to certify that the dissertation entitled ***"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"*** is bonafide and genuine research carried out by Satyam Vada under our guidance and direct supervision for the award of M.Sc. in Child Health (Paediatric) Nursing.

Guide

Dr. Mamta Verma
Associate professor
Nursing College, AIIMS Bhopal

14/02/2024

डॉ. ममता वर्मा/Dr. Mamta Verma
सह-प्राध्यापिका/Associate Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS BHOPAL, (M.P.)-462020

Co-Guide:

1: Mr. Kumarasamy AP
Assistant Professor
Nursing College, AIIMS Bhopal

14/2/2024

कुमारसामी अ.पो./Kumarasamy AP
सहायक प्राध्यापक/Assistant Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS Bhopal, (M.P.)-462020

2: Dr. Pramod Kumar Sharma
Additional Professor & In-Charge
Pediatrics Surgery, AIIMS Bhopal

Dr. Pramod Ku. Sharma (M.Ch.)
Addl. Professor and In-Charge
Department of Pediatric Surgery
AIIMS, Saket Nagar, Bhopal-462020

Place: Bhopal

Date: 14/02/2024

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

CERTIFICATE

This is to certify that the dissertation entitled ***"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"*** is the work carried out by **Ms. Satyam Vada** under the supervision and guidance of **Dr. Mamta Verma (Guide), Mr. Kumarasamy AP (Co-guide) and Dr. Pramod Kumar Sharma (Co-guide)** in the specialty of **Child Health (Paediatric) Nursing**.

14/02/2024

Dr. Mamta Verma
Principal I/C
Nursing College
AIIMS Bhopal

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

DECLARATION

I hereby declare that the dissertation entitled **"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"** is a bonafide and original work carried out by me under the supervision and guidance of Dr. Mamta Verma **(Guide)**, Assistant Professor, Nursing College, AIIMS Bhopal, Mr. Kumarasamy AP **(Co-Guide)** Associate Professor, Nursing College, and **Dr. Pramod Kumar Sharma (Co-Guide),** Additional Professor & In charge , Department of Pediatrics surgery, AIIMS Bhopal. The dissertation or any part thereof has not formed the basis for the award of any degree/ fellowship or similar title to any candidate of any University to the best of my knowledge.

Satyam Vada

Place: Bhopal

Date: 14/02/2024

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL

COPYRIGHT DECLARATION

We hereby declare that **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL,** shall have the rights to preserve, use, and disseminate this dissertation in print or electronic format for academic / research purposes.

Satyam Vada

Guide

Dr. Mamta Verma
Associate professor
Nursing College, AIIMS Bhopal

डॉ. ममता वर्मा/Dr. Mamta Verma
सह-प्राध्यापिका/Associate Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS BHOPAL, (M.P.)-462020

14/02/2024

Co-Guide:

1: Mr. Kumarasamy AP
Assistant Professor
Nursing College, AIIMS Bhopal

14/2/2024

कुमारासामी ए.पी./A.Kumarasamy AP
सहायक प्राध्यापक/Assistant Professor
नर्सिंग महाविद्यालय/Nursing College
एम्स भोपाल, मध्य प्रदेश-462020
AIIMS Bhopal, (M.P.)-462020

2: Dr. Pramod Kumar Sharma
Additional Professor & In-Charge
Pediatrics Surgery, AIIMS Bhopal

Dr. Pramod Ku. Sharma (M.Ch.)
Addl. Professor and In-Charge
Department of Pediatric Surgery
AIIMS, Saket Nagar, Bhopal-462020

Place: Bhopal

Date: 14/02/2024

LETTER OF PERMISSION

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL
Saket Nagar, Bhopal – 462020 (M.P)
Institutional Human Ethics Committee- Student Research (IHEC-SR)
www.aiimsbhopal.edu.in Email: ihecpgr@aiimsbhopal.edu.in

Ref Number: AIIMS/BPL/IHECSR/July/22/MscN/04 **Date:** 28th February 2023

Letter of Permission

Student Investigator: **SATYAM VADA** **Nursing College, AIIMS, Bhopal**	**Guide:** **Dr Mamta Verma** **Nursing College, AIIMS, Bhopal** **Co-Guides:** **Mr. Kumarsamy AP, Dr. Pramod Kumar sharma**

AIIMS, Bhopal Institutional Human Ethics Committee- Student Research (IHEC-SR) in its 7th meeting held on 22nd February 2023 discussed your proposal titled **"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"** and evaluated it for suitability for your dissertation as required for fulfilment of MSc (Nursing).

Following members attended the meeting:

1. Prof. D. K. Pal, Former HoD Community Medicine, GMC, Bhopal……Chairperson
2. Prof. Rajnish Joshi, Professor of General Medicine, AIIMS, Bhopal……Member
3. Prof. Amit Agrawal, Professor of Neurosurgery, AIIMS, Bhopal……Member
4. Dr. Sunita Athawale, Professor of Anatomy, AIIMS, Bhopal……Member
5. Dr. Girish Bhatt, Addl. Professor of Paediatrics, AIIMS, Bhopal……Member
6. Dr. Ujjawal Khurana, Assoc. Professor of Pathology, AIIMS, Bhopal……Member
7. Dr. Ankur Joshi, Assoc. Professor of CFM, AIIMS, Bhopal……Member
8. Mr. Trivesh Goswami, Law Officer, AIIMS Bhopal……Member
9. Dr. Shashank Purwar, Professor of Microbiology, AIIMS, Bhopal……Member Secretary

The decision of the committee is as follows:

The AIIMS, Bhopal IHEC-SR approves your research protocol. All research related activities must begin only after the date of this approval. The validity of this approval is till two years from the date of issuance. Please submit a closure report / renewal request before expiration of the validity for this approval.

Shashank Purwar

Dr. Shashank Purwar
Member Secretary, AIIMS Bhopal IHEC-SR
Professor of Microbiology
AIIMS, Bhopal
Contact Number: 7773010099

PLAGIARISM REPORT

DrillBit

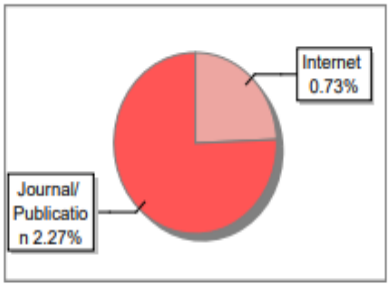
The Report is Generated by DrillBit Plagiarism Detection Software

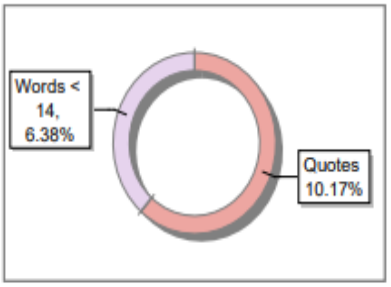
Submission Information

Author Name	Satyam Vada
Title	Dissertation
Paper/Submission ID	1428836
Submitted by	centrallibrary@aiimsbhopal.edu.in
Submission Date	2024-02-13 14:35:15
Total Pages	73
Document type	Dissertation

Result Information

Similarity **3 %**





Exclude Information

Quotes	Excluded
References/Bibliography	Excluded
Sources: Less than 14 Words %	Excluded
Excluded Source	**0 %**
Excluded Phrases	Excluded

Database Selection

Language	English
Student Papers	Yes
Journals & publishers	Yes
Internet or Web	Yes
Institution Repository	Yes

A Unique QR Code use to View/Download/Share Pdf File

ACKNOWLEDGEMENT

I extend my heartfelt gratitude to everyone who has contributed to the completion of this dissertation.

First and foremost, I dedicate this thesis to **Lord Shiva**, whose divine guidance has provided me with the strength and clarity to overcome challenges and reach this significant milestone.

To my beloved parents, **Mrs. Alka Rani** and **Mr. Subodh Kumar Singh**, and my sister, **Swati Singh**, I am forever grateful for your unwavering love, encouragement, and sacrifices. Your support has been the bedrock of my success, and I deeply appreciate your presence in my life.

I am immensely thankful to my guide **Dr. Mamta Verma**, In-Charge Principal of the College of Nursing, for her continuous guidance, mentorship, and invaluable insights throughout this thesis.

Special thanks to my Co-guides **Mr. Kumarasamy**, Assistant Professor at the College of Nursing, and **Dr. Pramod Kumar Sharma**, Additional Professor & In-Charge of Pediatric Surgery, for their support, mentorship, and expertise in shaping this research.

I extend my sincere appreciation to **Mrs. Geeta Bharadwaj** and **Dr. Naseema Shafqat** for their invaluable contributions to the writing process of this thesis, enriching its quality.

My heartfelt gratitude goes to the nursing officers of the pediatrics wards, the dedicated housekeeping staff, and the college staff for their unwavering support and assistance throughout this endeavor. Additionally, I want to express my sincere appreciation to the library staff for their invaluable assistance and resources, which greatly facilitated the conduct of this study.

I am grateful to my dear friends **Mrs. Priya Kadiyan** and **Ms. Akanksha Anjali** for their unwavering encouragement, motivation, and valuable suggestions throughout this

journey, serving as a constant source of inspiration.

Lastly, I extend my heartfelt thanks to my dear seniors, **Ms. Menka Kumari** and **Ms. Khushboo**, for their guidance, encouragement, and unwavering support throughout this thesis completion process. Your wisdom and encouragement have been invaluable to me, and I deeply appreciate your presence in my academic journey.

Satyam Vada

ABSTRACT

Introduction

The anticipation of surgery brings forth a myriad of challenges for both caregivers and their pediatric patients, particularly during the period of pre-procedural fasting. Preoperative fasting, crucial for minimizing aspiration risk during surgery, presents considerable challenges for caregivers who must manage their child's fasting needs across emotional, logistical, and practical domains. Simultaneously, children face the physical and psychological effects of fasting, unable to express their discomfort adequately. While pre-procedural fasting is vital for surgical readiness, its effects on caregivers and children are often neglected in research and clinical settings. This study aims to fill this gap by exploring the challenges faced by caregivers and children during this period, offering valuable insights into this overlooked aspect of pediatric care.

Methods

In this qualitative study descriptive phenomenological approach was utilized, the setting was the pediatric wards of AIIMS Bhopal. Convenience sampling was employed to recruit participants, consisting of caregivers of children undergoing pre-procedural fasting. A total of 18 caregivers participated in semi-structured face-to-face in-depth interviews. Data analysis employed thematic analysis, following Braun and Clark’s method, to identify and explore recurring themes in caregivers' experiences during pre-procedural fasting with their children.

Result

The study identified numerous challenges faced by caregivers during their children's fasting period. Communication barriers were prominent, leading to caregivers following medical instructions without fully grasping their rationale, contributing to parental anxiety. Nurturing resilience in children was crucial, often achieved through screen

engagement and various distraction strategies. Family support played a vital role in managing fasting challenges. Practical issues, including extended fasting durations and concerns about dehydration, added complexity. Emotional challenges, such as navigating conflicting emotions and managing children's distress, were prevalent. These findings shed light on the intricate landscape of caregiving during the fasting period.

Conclusion

This research delves into the experiences of caregivers during pre-procedural fasting for children, offering valuable insights to healthcare professionals for enhancing pediatric care practices. By highlighting the necessity for personalized support and educational initiatives, the results pave the way for future studies aimed at improving the welfare of both caregivers and children undergoing pre-procedural fasting.

Keywords: Caregivers, difficulties, pre-procedural fasting, Nil-per-oral, Children.

TABLE OF CONTENTS

S. No.	CONTENTS	PAGE No.
1.	**Chapter-1 INTRODUCTION**	**1-7**
	a) Background of study	**1**
	b) Need of the study	**4**
	c) Research problem	**6**
	d) Objectives	**6**
	e) Research questions	**6**
	f) Operational definitions	**6-7**
	g) Delimitations	**7**
2.	**Chapter-2 REVIEW OF LITERATURE**	**8-18**
3.	**Chapter-3 MATERIALS AND METHODS**	**19-29**
	a) Research approach	**19**
	b) Research design	**19**
	c) Variable under study	**20**
	d) Research setting	**20**
	e) Target population	**20**
	f) Accessible population	**21**
	g) Research participants	**21**
	h) Inclusion criteria	**21**
	i) Exclusion criteria	**21**
	j) Participants	**21**
	k) Ethical Consideration	**22**
	l) Instruments	**23-25**
	m) Trustworthiness of research tool and data	**26-28**
	n) Pilot Study	**28**
	o) Plan for data analysis	**28-29**
4.	**Chapter-4 RESULTS**	**30-63**
5.	**Chapter-5 DISSCUSSION**	**64-70**
	a) Major findings of the study	**64-65**
	b) Discussion	**65-68**
	c) Limitations of the study	**68**

	d) Implications of the study e) Recommendations of the study **f)** Conclusion	**68-69** **69** **70**
6.	**REFERENCES**	**71-75**

LIST OF TABLES

S. NO.	TITLE	PAGE NO.
1.	Summary of Data Collection Tools and Techniques	25
2.	Frequency and percentage distribution of sociodemographic data of the Informant.	32
3.	Frequency and percentage distribution of information about admitted child.	33-34
4.	Themes, sub-themes, and codes indicating lived experiences caregivers during pre-procedural fasting of their children.	38-39
5.	Themes, sub-themes and codes indicating the difficulties faced by caregivers during pre-procedural fasting in children.	53

LIST OF FIGURES

S. NO.	TITLE	PAGE NO.
1.	Schematic representation of research methodology	**20**
2.	Schematic representation of themes and subthemes indicating lived experiences caregivers during pre-procedural fasting of their children.	**37**
3.	Schematic representation of themes and subthemes indicating difficulties faced by caregivers during pre-procedural fasting in children.	**52**

LIST OF ANNEXURES

S.NO.	TITLE
1.	Letter seeking permission to conduct the main study
2.	Data collection tool- English
3.	Data collection tool- Hindi
4.	Letter seeking permission for tool validation
5.	List of experts validated Interview Guide
6.	Letter for opinions and suggestions from experts for content validity of the tool
7.	Content Validity Checklist
8.	Content Validity certificate
9.	Hindi Translation Certificate
10.	Participant Information Sheet (English)
11.	Participant Information Sheet (Hindi)
12.	Informed Consent Form (English)
13.	Tool Validity Report
14.	Sample of verbatim
15.	Master sheet
16.	Certificate of National Workshop on Qualitative Research Designs and Analysis (AIIMS Raipur)
17.	List of Codes and Quotes of the Participants

LIST OF ABBREVIATIONS

SL.NO.	ABBREVIATION	EXPANSION
1.	AGE	Acute Gastroenteritis
2.	AIIMS	All India Institute of Medical Sciences
3.	ANS	Assistant Nursing Superintendent
4.	ASA	American Society of Anesthesiologists
5.	ED	Emergency Department
6.	HODs	Head of Department
7.	I-CVI	Item Content Validity Index
8.	IHEC-SR	Institutional Human Ethical Committee-Student Research
9.	LOP	Letter of Permission
10.	LOS	Length of Stay
11.	MeSH	Medical Subject Headings
12.	NPO	Nil Per Oral/ Nil Per Os
13.	PAC	Pre-anesthetic Check-ups
14.	PICU	Pediatric Intensive Care Unit
15.	RCH	Royal Children's Hospital
16.	RP	Research Participants
17.	S-CVI	Scale Content Validity Index
18.	SDC	Same-day Cancellations

INTRODUCTION

CHAPTER-1

INTRODUCTION

Background of study

The anticipation of surgery poses a significant source of stress for both patients and their families, especially when the patient is a child or the surgery is deemed high-risk. Caregivers of pediatric patients are routinely instructed to ensure that children abstain from food and liquids before elective surgeries. The rationale behind preoperative fasting in children is to mitigate the risk of aspiration of gastric contents and its potential consequences.

The origins of pre-procedural fasting can be traced to Lister in 1883, who recommended clear liquid consumption two hours before surgery and an empty stomach free of solid materials as documented in "On the Antiseptic Principle in the Practice of Surgery" (Lister, 1883).[1] After that, for almost eight decades, mainstream medical literature advised against eating or drinking anything other than clear liquids for two to three hours before medical procedures. The above historical background underscores the evolving understanding and approaches related to pre-procedural fasting, which forms the foundation for current discussions in pediatric healthcare.[2] Over time, guidelines have evolved with the overarching goal of minimizing aspiration risk during medical interventions and optimizing patient safety. Current guidelines permit solid food for up to 6 hours, breast milk for up to 4 hours, and clear glucose-containing oral fluids for up to 2 hours preoperatively.[3] This practice is integral to established medical protocols, playing a pivotal role in creating an optimal environment for procedures, reducing complications, and enhancing the efficacy of diagnostic and therapeutic

interventions.[4]

In pediatric care, pre-procedural fasting introduces unique challenges, with caregivers—often parents or guardians—navigating a complex terrain. Caregivers face multi-faceted challenges during pre-procedural fasting, encompassing emotional, logistical, and practical dimensions. Emotional distress may arise from the necessity of restricting a child's access to familiar comforts like food and drink, heightening anxiety for both the caregiver and the child. Logistically, caregivers navigate the intricacies of coordinating fasting periods, medication schedules, and the need for clear communication with the healthcare team. Practical challenges involve ensuring the child's compliance with fasting guidelines, particularly in cases where the child is too young to comprehend the necessity of the process.[5] Understanding these difficulties is crucial for improving support systems available to caregivers and holds broader implications for healthcare practices.

Caregivers must balance adherence to fasting guidelines with the emotional and physical needs of the young patient. In many studies, it has been shown that surgical cancellations due to non-compliance with nil per oral (NPO) instructions remain common, potentially correctable, and emerge as a significant concern, leading to instances of elective surgery cancellations, provided reasons or factors associated with non-compliance can be identified. Such cancellations not only disrupt the surgical plan but also strain valuable resources, creating a cascading effect that impacts both young patients and their caregivers. Given the heightened susceptibility of pediatric patients to illness and complications, the postponement of their surgery becomes a matter of particular concern.[3] A significant factor for the same may be parental miscommunication, stemming from a lack of

understanding of fasting requirements, elevated parental anxiety levels, the pressure to feed a hungry and crying child, intentional distortion of facts to avoid surgery cancellation, and conflicting instructions from different sources and a failure to comprehend the safety implications of appropriate fasting. Furthermore, the lower incidence of non-compliance in the 3–5-year group might be attributed to increased direct parental supervision in various aspects of care, including feeding and dietary intake. This age group may also undergo stricter parental oversight during nil per oral (NPO) periods, recognizing their cognitive level may not enable them to closely adhere to rules and preoperative expectations.[6,7,8] Elevated stress levels and distractions have been identified as factors that may hinder caregivers' ability to fully grasp and subsequently remember the instructions regarding pre-procedural fasting.

The vulnerable pediatric age group faces challenges during pre-procedural fasting, impacting both their physical and psychological well-being. Despite their inability to articulate their discomfort, the constraints of fasting have a constant effect on them. This study sheds light on the often-overlooked impact of this fasting period on caregivers as they manage their children's needs.

Recognizing and addressing these challenges can enhance overall care quality, improve the patient and caregiver experience, and refine existing protocols to better align with the unique needs of pediatric populations. In essence, this research underlines the significance of an empathetic and informed approach to pre-procedural fasting in children, recognizing the caregiver as an integral partner in ensuring the well-being of the young patient.

Need of the study

Pre-procedural fasting period presents a significant challenge for parents and caregivers, both emotionally and practically. Adhering to fasting orders is distressing, as any accidental consumption by the child necessitates restarting the entire process. This not only impacts the hospital's resources but also adds to the emotional and financial strain on families. It's essential to recognize that pre-procedural fasting is not a passive activity but a complex and active process that requires careful management.

The physiological and psychological impacts of fasting can be particularly harmful to Paediatric populations; hence it is critical to comprehend the complex feelings of carers. Understanding caregivers' strategies and coping mechanisms is essential not only for the well-being of the children but also to provide valuable insights for other parents and nursing personnel who may encounter similar challenges in caring for children undergoing pre-procedural fasting.

The caregiver's role in managing pre-procedural fasting emerges as a critical factor in determining the procedure's success and the child's well-being. The impact of pre-procedural fasting extends beyond the immediate procedural period, influencing both the outcomes of medical interventions and the overall care experience for children.[9] In a recent study “Elective surgery cancellation in pediatric surgery: rate and reasons” out of 1,426 patients scheduled for surgery at the pediatric surgery department, a noteworthy 9.2% (131 patients) experienced cancellations. Non-adherence to preoperative fasting emerged as a significant concern, contributing to 9.2% of all cancellations. This emphasizes the critical importance of adherence to preoperative fasting guidelines for successful surgical outcomes and highlights the need for targeted interventions to address this issue

effectively.[10]

Nurses, typically responsible for overall patient care, often limit their involvement to merely informing caregivers about fasting schedules, overlooking the need to support both caregivers and children comprehensively during pre-procedural fasting. There's a critical need to explore comprehensive measures and strategies to support caregivers and children throughout pre-procedural fasting. Currently, there are no established fasting protocols or standard operating procedures specifically tailored for managing children during pre-procedural fasting period. Nurses tend to strictly adhere to doctors' orders, but their role extends beyond mere compliance. They should empower parents and caregivers, fostering an environment where they feel comfortable discussing any inadvertent violations of fasting orders. Nurses should possess the knowledge and skills to transform this period into a more positive and comfortable experience for both caregivers and children.

While pre-procedural fasting is standard practice in surgical departments, it tends to be overlooked. This study highlights the criticality of grasping the impact of this fasting period on caregivers.

There is a noticeable dearth of extensive research in this realm. Very few studies have explored the hindering factors that caregivers encounter in maintaining pre-procedural fasting for children and the implications of these challenges.[11] Qualitative methodology is apt for this study as it allows for a deeper exploration of caregivers' experiences, emotions, and perceptions, providing rich insights that quantitative methods might overlook. It is critical to deepen our understanding of caregivers' lived experiences during pre-procedural fasting for children, given the

great need for knowledge in this area.

This phenomenological investigation will contribute invaluable insights to the corpus of knowledge regarding the difficulties caretakers encounter during pre-procedural fasting in children. Additionally, it aims to educate hospital administrators, legislators, and medical professionals on the challenges caregivers in the pediatric setting encounter when observing pre-procedural fasting.

Research problem

"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"

Objectives

1. To explore the lived experiences of caregivers during pre-procedural fasting in children.
2. To understand difficulties faced by caregivers during pre-procedural fasting in children.

Research question

1. What are the experiences caregivers face during pre-procedural fasting in children?
2. What are the obstacles faced by caregivers during pre-procedural fasting in children?

Operational definitions

1. **Difficulties:** It is defined as all the obstacles faced by caregivers during pre-procedural fasting in children.

2. **Pre-procedural fasting:** It refers to a period of keeping the child Nil-Per-Oral for more than 6-8 hours before any diagnostic/Operative procedure.

3. **Caregivers:** It is defined as individuals present with admitted children and involved in child care for 8 hours or more per day.

Delimitations

1. Caregiver of children who are not willing to participate in the study.

2. Caregivers whose children were scheduled for pre-procedural fasting but had not yet started.

3. Caregivers of children who are unable to respond due to critical medical conditions OR any other condition.

4. Caregiver of children present in any other wards or PICU.

Summary

This chapter discusses the background of the study, explains the need to conduct the study, problem statement, aims and objectives of the study, operational definitions used in the study, and delimitations of the study.

REVIEW OF LITERATURE

CHAPTER – 2

REVIEW OF LITERATURE

A review of literature is the key step in the research process which helps to lay a foundation for the study. The literature review provides a background for understanding current knowledge on the topic and illuminating the significance of the study. A research literature review is a written synthesis of evidence on a research problem. Literature reviews are secondary sources, and as such, don't report any new or experimental work.

A thorough review of the literature was conducted across multiple databases, including PubMed, Google Scholar, and Scopus, employing a comprehensive search strategy. This strategy involved utilizing a combination of Medical Subject Headings (MeSH) terms such as "Pediatric fasting," "Caregiver challenges," "Preoperative fasting," "Caregiver experience," "Child fasting compliance," "Caregiver understanding," "Pediatric procedural preparation," "Caregiver communication," "Caregiver anxiety," and "Pediatric hospitalization," along with Boolean operators "AND," "OR" and "NOT" to refine search results. In the present study, a review of the literature is presented under the following heading:

1. **Studies related to Caregiver Understanding, Challenges, and Compliance with pre-procedural fasting**

2. **Studies related to Interventions to Address Caregiver Difficulties during pre-procedural fasting**

3. **Studies related to Guidelines and Recommendations for Pre-procedural Fasting**

1. Studies related to Caregiver Understanding, Challenges, and Compliance with pre-procedural fasting

The study conducted by Beazley, et al., focuses on pediatric surgery fasting violations that found noncompliance linked to parental misunderstanding of guidelines, leading to surgical delays. Surprisingly, no significant associations were found between demographic/clinical variables and Nil-per-oral (NPO) violations. Proposed interventions include teach-back methods and improved instructional materials to enhance caregiver adherence to fasting guidelines.[11]

The study conducted by Cantellow, et al., assesses parental comprehension and adherence to preoperative fasting for pediatric day-case surgery, revealing a significant gap in understanding and compliance. Approximately 13.5% of children were inadequately fasted, with varied fasting times, reflecting a lack of standardized adherence. Parents' perceptions of fasting varied, highlighting the need for clearer communication to mitigate risks. The study underlines the importance of addressing caregiver challenges to enhance compliance with fasting guidelines and ensure pediatric patient safety during day-case surgery.[3]

The study conducted by Fiese, et al., examines family dynamics' impact on adherence to pediatric medical regimens, acknowledging factors like time constraints and competing responsibilities contributing to noncompliance. The study highlights the importance of understanding how families navigate these challenges and suggests organizing daily routines as a coping strategy. By exploring the intersections of family life and medical adherence, the research offers insights into caregiver challenges beyond pre-procedural fasting compliance.[12]

The study conducted by Ghimire et al., investigates non-compliance with nil per os

(NPO) guidelines in pediatric surgery, noting its impact on cancellations and delays. Their retrospective review identifies patient factors linked to NPO non-compliance, emphasizing its effect on surgical workflow. Specifically, patients aged 6–12 and non-White or non-English speakers show higher cancellation rates. Certain specialties like radiology and dental procedures are more prone to cancellations. The study stresses targeted educational interventions and effective communication strategies to improve caregiver compliance, minimizing disruptions in surgical care.[6]

The study led by Jocelyn R. et al. studied factors influencing same-day cancellations (SDC) of outpatient pediatric oncologic procedural sedation. Their retrospective review highlights inadequate blood counts, acute illness, and non-compliance with nil per os (NPO) guidelines as primary reasons, totaling 83% of cancellations among 100 patients. Addressing caregiver-related challenges, particularly understanding, and adherence to NPO guidelines, is crucial for optimizing procedural outcomes and minimizing disruptions in care for pediatric oncology patients.[13]

The study conducted by Hwang, et al., examined weight loss prevalence and associated risk factors in hospitalized children, noting implications for infection risk and disease course prolongation. Among 602 patients admitted to a Korean children's hospital, 24.8% experienced weight loss exceeding 2%. Contributors included pain complaints, admission to surgical departments, abdominal surgery, and prolonged nil per os (NPO) periods. The study stresses the need for enhanced nutritional care, especially for surgical patients and those enduring extended NPO periods, highlighting the importance of caregiver adherence to nutritional protocols to mitigate pediatric hospital weight loss risks.[14]

In the study, Pfaff, et al., investigated 2,440,810 pediatric anesthetics, and they found a

0.006% incidence of perioperative aspiration events, resulting in patient harm in 38% of cases, including two deaths. Factors contributing to aspiration included emergency surgeries, higher American Society of Anesthesiologists (ASA) status, gastrointestinal comorbidities, post-coughing events, nil per os (NPO) violations, and oral premedication reactions. The study emphasizes the seriousness of aspiration events, highlighting challenges in NPO adherence and the importance of preventive measures, particularly for gastrointestinal conditions.[15]

The study by Singla et al. investigated compliance with preoperative fasting instructions in children undergoing daycare surgery, revealing a significant gap between recommended guidelines and parental practices. Only 8.5% adhered to fasting instructions, with 88.4% exceeding recommended fasting durations. Factors influencing compliance include younger parental age, written instructions, and distinct guidelines for solids and liquids. Prolonged fasting highlights the need for improved communication among healthcare providers. Tailored, written instructions for both solids and liquids are essential to enhance caregiver adherence to fasting guidelines in pediatric daycare surgery.[8]

2. **Studies related to Interventions to Address Caregiver Difficulties during pre-procedural fasting**.

The study conducted by Carroll et al., aimed to reduce pre-procedural fasting times in hospitalized children, aligning with guidelines recommending a clear liquid fasting time of 2 hours. Through statistical process control charts and a Smart Phrase in the NPO order, they achieved a significant reduction in mean fasting time to 6 hours, 7 minutes, from 10 hours to 13 minutes and that sustained for 6 months. Documentation of clear liquid fasting end time increased from 2% to 52%, with no aspiration events during the

intervention. The study stresses the effectiveness of electronic health record changes in reducing fasting time, advocating for evidence-based practices, and improving communication among teams to enhance the pre-procedural experience for hospitalized children.[16]

The study conducted by Canping Li., et al., studied the impact of an individualized fasting program on infants and young children during the perioperative period. Involving 675 children, they implemented personalized fasting education, batch fasting, and clear liquid consumption guidelines. The intervention group (353 children) showed significantly shorter fasting durations and reduced hunger scores compared to controls (322 children). Importantly, there was no increase in postoperative complications. The study highlights the effectiveness of multidisciplinary communication and individualized education in improving perioperative fasting and enhancing the overall experience for pediatric patients.[5]

The study conducted by Morrison et al., advocated for a critical review of adult preoperative clear fluid fasting guidelines, aligning them with recent changes in pediatric guidelines allowing drinking up to 1 hour before anesthesia. They challenge the practicality of the 2-hour fasting rule, citing prolonged fasting's discomfort and uncertain benefits. They propose a shift to a 1-hour clear fluid fasting guideline for all ages, emphasizing potential benefits for postoperative outcomes and patient satisfaction.[17]

The study conducted by Sakulsaengprapha et al. investigated pre-procedural fasting duration for gastrointestinal procedures, noting median nil per os (NPO) times of 12.6 hours, surpassing guidelines. Hispanic patients and older individuals had longer NPO times, while hospital occupancy showed an inverse relationship. The study underlines

the potential to reduce NPO duration for low-risk patients and calls for further research on clinical outcomes, patient experience, and disparities in fasting times.[18]

The study conducted by Williams et al. addresses prolonged preoperative fasting in pediatric patients, finding non-compliance with national guidelines in most cases. They proposed a corrective action plan, including changes to NPO order sets via the electronic medical record (EMR), offering three fasting options for scheduled and unscheduled procedures. Education for healthcare providers and stakeholders was emphasized, along with ongoing evaluation and audit using a dashboard or report card to communicate compliance. This intervention aims to improve pre-procedural fasting practices and enhance patient satisfaction.[2]

The study conducted by Young et al. focused on improving preoperative fasting practices for children at the Royal Children's Hospital (RCH), targeting a mean fasting period of less than 8 hours. The five-phase study included guideline revision, staff and parent education, pilot implementation, chart audits, and ongoing implementation recommendations. Findings revealed a mean fasting time of 13.07 hours, with morning surgeries associated with longer fasting times. The 'At Risk' Checklist was valuable in identifying children at higher risk for fasting-induced hypoglycemia. Recommendations focused on staff awareness, education, documentation updates, and risk minimization strategies to reduce hypoglycemia risk in pediatric surgery patients at RCH.[19]

3. Studies related to Guidelines and Recommendations for Pre-procedural Fasting

The study conducted by Mesbah et al. critically evaluates the historical evolution of preoperative fasting guidelines for children undergoing elective surgery. It highlights the initial recommendation of a 1-hour clear fluid fast in 1948 and subsequent

extensions based on perceived aspiration risk from 'full-stomach' emergency cases. The authors challenge the reliability of residual gastric volume as a surrogate for aspiration risk, emphasizing the rarity of perioperative pulmonary aspiration in children and the negligible consequences of clear fluid aspiration. Advocating for more liberal fasting regimens for elective cases, they cite emerging evidence suggesting no increased aspiration risk. The review urges reconsideration of prolonged fasting practices, emphasizing potential distress without clear benefits, and advocates for guidelines aligned with current evidence, ensuring children's well-being.[20]

The study conducted by Bhatt et al. explores a multicenter prospective cohort study investigating preprocedural fasting duration and sedation-related adverse outcomes in 6183 children undergoing emergency department (ED) procedures. Contrary to conventional beliefs, no cases of pulmonary aspiration were observed, and fasting duration showed no significant associations with adverse events or vomiting. The study challenges the necessity of delaying sedation to meet fasting guidelines, suggesting a reevaluation of existing guidelines for more evidence-based recommendations in pediatric ED settings.[9]

The research review done by Dorrance et al. highlights the importance of preprocedural fasting to prevent pulmonary aspiration during sedation or anesthesia. They advocate for adherence to guidelines recommending clear fluids up to two hours before procedures for adults and feeding four hours before for breast milk and six hours for formula in infants, encapsulated in the '6-4-2' rule. The review also discusses recent evidence challenging traditional pediatric fasting practices, suggesting clear fluids up to one-hour pre-procedure for low-risk patients. This synthesis aims to promote evidence-based practices for enhanced patient safety and comfort during the perioperative period.[21]

The study conducted by Panjiar et al. assessed Indian anesthesiologists' knowledge, attitude, and practices regarding pre-operative fasting guidelines, focusing on the American Society of Anesthesiologists (ASA) guidelines. While 69% correctly described the guidelines during pre-anesthetic check-ups (PAC), only 7% were familiar with liberalized fasting benefits. Despite awareness, only around 50% confirmed guideline implementation in their institutions, with challenges including operation theatre scheduling control and inadequate knowledge among nurses and surgeons. Additionally, 24% did not routinely use drugs for aspiration prophylaxis. The study highlights the need for comprehensive educational programs to enhance awareness and reduce fasting duration, suggesting consideration of culturally specific fasting guidelines in India.[22]

The study conducted by Schreiner, et.al., challenges traditional preoperative fasting practices in ambulatory surgery, emphasizing the need to minimize the risk of perioperative aspiration pneumonitis while ensuring gastric emptying. Recent investigations advocate for reducing fasting duration for clear liquids to 2 to 3 hours pre-anesthesia, with breast milk potentially safe up to 3 hours before surgery, and solid food requiring a 6-hour fast. This shift toward more lenient fasting guidelines highlights the importance of a patient-centered approach, with clinicians considering individual circumstances when formulating anesthesia management plans.[23]

The study conducted by Yang et al. addresses the challenge of determining appropriate nil per os (NPO) duration for emergency department (ED) patients with acute vomiting, particularly those with acute gastroenteritis (AGE). Their prospective analysis of 304 patients suggests an NPO duration of 4 to 6 hours to minimize refeeding failure. Tailoring NPO recommendations based on clinical factors such as age, vomiting duration, and specific symptoms is emphasized, along with further assessment if

patients cannot tolerate refeeding after 12 hours of NPO. This evidence-based approach provides valuable insights for establishing pre-procedural fasting guidelines, especially in the context of acute vomiting in emergency settings.[24]

The study conducted by Søreide et al. highlights the evolution of pre-operative fasting guidelines in Scandinavia, where liberal fasting routines are standard. Recommendations permit clear fluids up to 2 hours pre-anesthesia and light meals up to 6 hours before, with infants under 6 months allowed breast- or formula milk feeding up to 4 hours pre-anesthesia. Pre-operative oral nutrition using a carbohydrate-rich beverage is supported. Guidelines emphasize the safety of free intake of clear fluids, including a specialized beverage, up to 2 hours before elective surgery, with a minimum fasting time of 6 hours after solid intake. In emergency cases, prompt surgical intervention is prioritized due to impractical fasting. Ongoing research is needed to refine guidelines, especially for patients with systemic diseases and upper gastrointestinal symptoms, with anesthesia technique and airway management crucial in mitigating aspiration risk.[4]

The research review conducted by Thomas et al., emphasizes the evolving understanding of pre-operative fasting, advocating against prolonged fasting due to its adverse effects on patient well-being. While adult solid fasting times remain unchanged, evidence supports a 1-hour fast for children without increased aspiration risk. The review accentuates that thirst predominates over hunger during fasting, and excessive fasting in children can lead to irritability and hypotension upon anesthesia induction, with increased postoperative nausea and vomiting. Pediatric anesthesia practices have advanced in reducing clear fluid fasting times, challenging the conventional "nil-by-mouth from midnight" approach. However, the translation of a 2-hour fasting rule often results in longer durations. Emerging techniques like bedside ultrasound for residual

gastric contents assessment offer promising avenues for refining fasting processes. The review highlights progress but calls for further refinement in pre-operative fasting approaches. [25]

The study conducted by Burek, et al., done a retrospective cohort study comparing nutritional strategies in hospitalized children post-nil per os (NPO) orders. The study focused on patients aged 1 to 18 years recovering from acute gastrointestinal illnesses. Despite common use, transitioning to a clear-liquid diet post-NPO showed no significant differences in outcomes compared to a regular diet, including diet tolerance and return to NPO status. Interestingly, patients on a clear-liquid diet had a longer length of stay (LOS) after the first oral intake. These findings challenge the current practice of initiating clear-liquid diets post-NPO, suggesting that transitioning to a regular diet may lead to a shorter LOS without adverse effects, prompting a reconsideration of current guidelines for post-NPO dietary management in hospitalized children.[26]

Research Gap

Research review on Caregiver Understanding, Challenges, and Compliance with pre-procedural fasting reveals gaps in understanding and interventions. Demographic predictors and clinical variables' exploration is limited, and effective communication strategies need further investigation.

The research review on interventions to address caregiver difficulties during pre-procedural fasting reveals gaps in effective strategies and standardized approaches. While some interventions show promise in reducing fasting times and improving caregiver satisfaction, consensus on the most effective methods is lacking. Multidisciplinary communication, staff education, and electronic health record modifications are highlighted as crucial for successful implementation. However, gaps

persist in understanding optimal fasting timing, duration, and impact on patient outcomes.

The research review on guidelines and recommendations for pre-procedural fasting reveals several gaps in current understanding and practices. While studies challenge traditional beliefs regarding the association between fasting duration and adverse outcomes, particularly in emergency settings, there is a lack of consensus on optimal fasting protocols, especially in pediatric populations. Additionally, there is a discrepancy between evidence-based guidelines and clinical practice, with limited awareness and implementation of liberalized fasting guidelines among healthcare providers. There is a need for tailored fasting recommendations based on patient-specific factors, such as age, clinical condition, and procedure type, to optimize patient safety and comfort. Addressing these gaps requires ongoing research to refine fasting guidelines, enhance healthcare provider education and awareness, and promote evidence-based fasting practices across diverse clinical settings.

Summary

A review of the literature examined caregiver understanding, challenges, and compliance with pre-procedural fasting guidelines, along with interventions and evolving guidelines. Findings revealed gaps in caregiver adherence, leading to surgical delays. Proposed solutions included enhanced education and communication. Evidence supported a shift to more flexible fasting guidelines, emphasizing patient-centered care. Effective strategies like electronic record changes and personalized fasting programs reduced fasting durations and improved outcomes. However, challenges like cultural disparities persisted, underscoring the need for ongoing research and education to optimize pre-procedural fasting practices for patient safety and satisfaction.

METHODOLOGY

CHAPTER - 3

MATERIALS AND METHODS

Qualitative research is valuable when investigating intricate topics like human behavior and subjective needs. Its objective is to delve into social phenomena by incorporating the perspectives and experiences of all participants. According to Creswell, qualitative research involves an inquiry process that delves into social or human issues through distinct methodological approaches. Researchers aim to construct a comprehensive understanding by analyzing words, capturing detailed informant perspectives, and conducting studies in natural settings.[27]

Research Approach

The qualitative research approach was used to explore the difficulties faced by caregivers during pre-procedural fasting.

Research design

The present study has adopted the phenomenological research design to explore the difficulties faced by caregivers during pre-procedural fasting in children admitted at AIIMS Bhopal.

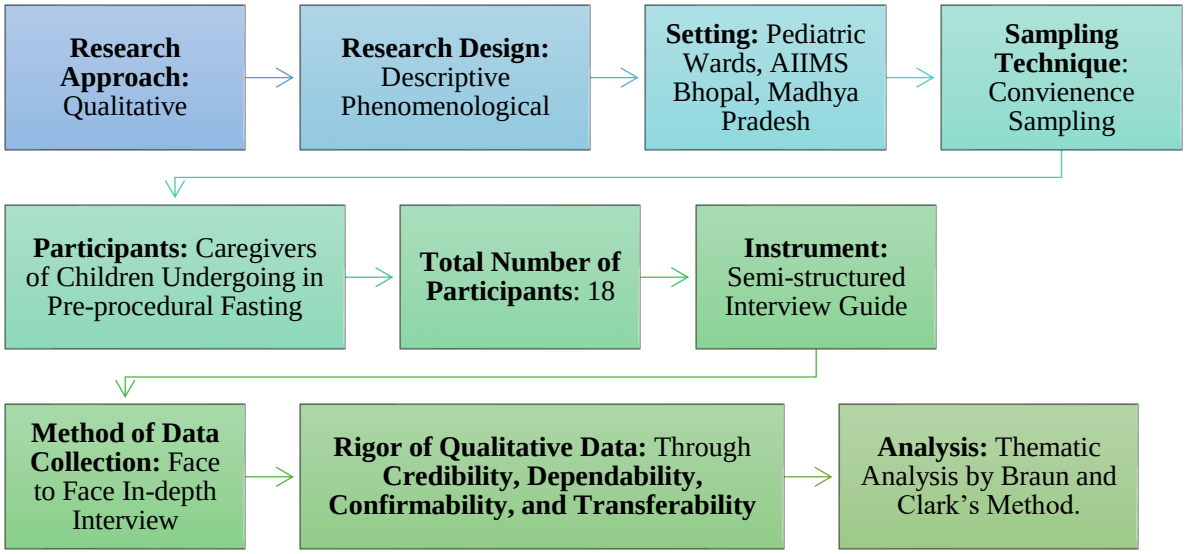

Research Approach: Qualitative
Research Design: Descriptive Phenomenological
Setting: Pediatric Wards, AIIMS Bhopal, Madhya Pradesh
Sampling Technique: Convienence Sampling
Participants: Caregivers of Children Undergoing in Pre-procedural Fasting
Total Number of Participants: 18
Instrument: Semi-structured Interview Guide
Method of Data Collection: Face to Face In-depth Interview
Rigor of Qualitative Data: Through **Credibility, Dependability, Confirmability, and Transferability**
Analysis: Thematic Analysis by Braun and Clark's Method.

Figure 1: Schematic representation of research methodology

Variables under study

Socio-demographic Variables: Age, relation with child, educational status, occupation, and Prior involvement in any procedures requiring Pre-Procedural Fasting.

Clinical variables: Child's age, child's gender, day of hospitalization stay, name of procedure the child is undergoing, prescribed hours for pre-procedural fasting, actual fasting hours, history of surgery in the past, the time gap between present and previous surgery, any other diagnosed diseased condition (Past medical history/Other Co-Morbidities).

Here, the researcher has taken the difficulties faced by caregivers during pre-procedural fasting as research variables including socio-demographic and clinical variables.

Research setting: In the present study, the research setting was the pediatric surgery or pediatric medicine wards of AIIMS, Bhopal, Madhya Pradesh.

Target Population: It was the caregivers whose child was admitted to the pediatric

surgery or pediatric medicine ward at AIIMS, Bhopal.

Accessible Population: Caregivers whose child underwent the surgical procedure and was admitted to the pediatric surgery or pediatric medicine ward present at the time of data collection.

Research Participants: Here, in this study, the Research Participants were the caregivers whose child is admitted to the pediatric surgery or pediatric medicine ward of AIIMS, Bhopal who fulfill the inclusion and exclusion criteria and who are willing to be a part of this study with signed informed consent.

Inclusion Criteria

1. Caregivers of children underwent procedures that necessitated pre-procedural fasting, typically lasting between 4 to 8 hours.
2. Caregivers of children b/w age of 2 to 6 years who are admitted in Paediatric wards of selected tertiary care hospitals.
3. Caregivers who can speak or understand Hindi or English language.

Exclusion Criteria

1. Caregiver of children who are not willing to participate in the study.
2. Caregivers whose children were scheduled for pre-procedural fasting but had not yet started.
3. Caregivers of children who are unable to respond due to critical medical conditions OR any other condition.
4. Caregiver of children present in any other wards or PICU.

Participants: Qualitative research is based on the constructivist paradigm of knowledge building, and it assumes multiple realities. A qualitative researcher makes every effort to collect sufficient information about the given phenomenon to the point of saturation, where additional data collection will not add any new information.

So, there is no formula for participant size calculation and the researcher continues to recruit the participants until no new themes emerge.

In the present study, the saturation of data was achieved at the specified number which is **18.**

Selection of Participants: In this study, the researcher has adopted the Convenience sampling technique for exploring the in-depth knowledge regarding the difficulties faced by caregivers during pre-procedural fasting in children.

Ethical Consideration

The ethical considerations encompassed in the conduct of this study were meticulously adhered to, beginning with the submission of the research proposal to the Institutional Ethical Committee of AIIMS Bhopal on January 17, 2023.

Ethical approval was subsequently obtained from the Institutional Ethical Committee of AIIMS Bhopal on February 28, 2023, before the commencement of the study, with a specific reference number provided for documentation.

Written permission was secured from relevant authorities, including the Principal, Medical, and Chief Nursing Officer, and Head of the Pediatrics Department, for both the pilot and main study, with copies of the permissions disseminated to the Senior Nursing Officer of Pediatrics Medicine and Pediatrics Surgical wards.

{Please Refer ANNEXURE-1}

Eligible participants were recruited based on inclusion criteria, provided with participant information sheets in understandable language, and given the autonomy to participate or withdraw from the research at any time without prejudice. Consent was taken before conducting the interview, and verbal consent was also taken for audio recording. Confidentiality was maintained throughout the study by giving archival numbers to the recordings, transcripts, translated documents, and other necessary

documents. An example of an archival number is (Research participant..)RP-1, RP-2,…so on.

{Please Refer ANNEXURE-10,11,12}

Instruments:

Preparation of Tool

The tool for assessing caregivers' difficulties during the fasting state of their child was meticulously prepared to ensure its relevance and effectiveness. This involved an exhaustive review of existing literature, personal discussions with caregivers, expert opinions, and the researcher's professional experience in pediatrics. The tool was developed using a semi-structured open-ended questionnaire due to the absence of a standardized tool. Multiple drafts were created, and content validity was assessed to ensure comprehensiveness and accuracy. Additionally, steps were taken to establish the validity and reliability of the tool, including translation into Hindi and back translation to English, as well as a pilot study for appropriateness. Overall, a rigorous process was undertaken to ensure the tool's quality and suitability for capturing caregivers' experiences during the pre-procedural fasting of their child.

The tool was categorized into 3 sections:

Section A containing sociodemographic variables, includes age, relationship to children, level of education, employment status, and previous participation in any procedures necessitating pre-procedural fasting are sociodemographic variables.

Section B contains clinical variables of the admitted child, the child's age, gender, day of hospitalization, and the name of the surgery they are having. Hours allotted for the pre-procedural fast; actual fasting hours; past surgical history; time elapsed between current and prior surgery; and any additional reported medical conditions (past medical

history/other co-morbidities).

Section C contains a semi-structured Interview guide, consisting of 10 open-ended questions which will be based upon the aim to assess the difficulties faced by caregivers during pre-procedural fasting to collect subjective information from caregivers of the admitted child as qualitative data to gain contextual understanding through personal experiences feelings and individual perspectives that consists of domain such as their knowledge about pre-procedural fasting, in their opinion its harms and benefits, what all major difficulties they faced and how they tackled these difficulties.

This interview guide is further divided into 2 parts: - the 1st part majorly focuses on the caregivers' basic lived experiences and 2nd part majorly focuses on all the caregivers' difficulties.

{Please Refer ANNEXURE-2 for Complete Tool}

Procedure for Data-collection

Following institutional ethical committee approval and permission from hospital authorities, the investigator commenced data collection, selecting participants based on inclusion criteria. Caregivers were provided with a brief explanation of the study, introduced to the researcher, and informed written consent was obtained, including consent for audio recording. Interviews were conducted at preferred times, mainly between 2 PM and 10 PM, in conducive environments with proper lighting and ventilation. Demographic data was collected before each interview, and semi-structured, in-depth interviews were conducted using a predefined guide. Field notes were taken during interviews, lasting 25 to 35 minutes each, typically involving 2-3 visits per participant. Recordings were carefully reviewed by the researcher and verified by the supervisor, with data transcribed within 48 hours of each interview. Transcripts were translated to English and validated, followed by line-by-line open coding, and saturation

was reached after the 18th interview, indicating no new information was obtained. A total of 18 interviews were conducted from 6/10/2023 to 16/11/2023, with archival numbers renamed for confidentiality. Participants were provided with an opportunity to clarify doubts and share additional information post-interview. All participants were informed about the study's purpose through a patient information sheet, and written informed consent was obtained, assuring confidentiality and anonymization of data before analysis and reporting.

Table 1: Summary of Data Collection Tools and Techniques

Parts of the tool	**Tool**		**purpose**	**Data collection technique**
I	**Section-1**	Self-Structured questionnaire on demographic variable	To collect background data and clinical variable	Pen & Paper method
II	**Section -2**	A Semi-structured Interview guiding questionnaire consists of 10 open-ended questions which are based upon the aim to assess the difficulties faced by caregivers during pre-procedural fasting in children admitted at AIIMS Bhopal	To collect in-depth information regarding the difficulties faced by caregivers during pre-procedural fasting in children.	Audio recording and note-taking

Trustworthiness of the research tool and data

Validating the data

The validity of the Sociodemographic tool has been checked. The content Validity of the data collection was obtained from 11 subject experts. The calculated CVI score for the sociodemographic tool was 0.96 and that is significant.

Trustworthiness of Interview Guide:

Validity of the qualitative data was done by ensuring the trustworthiness of the data, credibility, and transferability. Lincoln and Guba (1985) suggested 4 criteria for developing the trustworthiness of qualitative inquiry: *credibility, dependability, confirmability, and transferability.*[28]

1. **Credibility**

To ensure the credibility of the data, participants were carefully selected based on the study's inclusion criteria, allowing for a thorough exploration of the central phenomenon. The investigator employed triangulation methods to gather diverse perspectives, enhancing the depth of understanding regarding caregivers' challenges. Interviews were conducted with each participant for an extended duration to facilitate comprehensive insights. Additionally, audio recordings of the interviews were provided to participants for validation, ensuring that the findings accurately reflected their experiences. Through continuous engagement and reflexivity during the interviews, the researcher documented contradictory viewpoints and conducted negative case analyses to enrich the credibility of the data. Data saturation was achieved after the 18th interview, indicating a thorough exploration of the research topic.

2. **Transferability**

To enhance the transferability of the data, supportive quotations from caregivers were incorporated to provide rich descriptions of the findings. Theoretical saturation was

achieved through regular meetings, where coding progress and variations in key concepts were reviewed and discussed with the guide. This iterative process continued until no new codes emerged, ensuring that all variations of the observed phenomenon were identified. The applicability of the findings in other contexts was demonstrated, indicating their potential relevance beyond the current study setting. The researcher analyzed the gathered data to derive meaning that accurately reflected participants' experiences. Detailed discussions with co-guides and guides were conducted to refine emergent themes and ensure that participants' own words were represented in the analysis, further enhancing the transferability of the data.

3. **Dependability**

To ensure the dependability of the data, the researcher conducted an inquiry audit, which involved reviewing all raw data and providing a comprehensive explanation of the research process, including how themes and subthemes were extracted from the data and discussed with the supervisor. Code-recode procedures and peer examinations were conducted to validate the findings. Detailed documentation of the data collection process was maintained to track any potential inconsistencies. The repetition of findings in similar contexts suggests consistency and reliability. Additionally, the researcher recorded interviews, transcribed them, and discussed them with language experts and the guide, further enhancing the dependability of the data.

4. **Confirmability**

To ensure the confirmability of the data, the researcher made deliberate efforts to ensure that the findings accurately reflected the responses of the participants to the challenges faced by caregivers, rather than being influenced by the researcher's interests, motivations, or beliefs. Before data collection, bracketing was employed to set aside any preconceived notions or assumptions the researcher held about the caregivers'

challenges, allowing the focus to remain on the participants' lived experiences. Confirmability audits were conducted by approaching participants after secondary data analysis to validate that the findings aligned with their original statements during the interviews. Additionally, audio recordings were periodically reviewed by the supervisor throughout the data analysis process. The investigator triangulation method was utilized to gather findings from multiple perspectives, enhancing the holistic understanding of the caregivers' challenges. Interview transcriptions underwent individual checks for objectivity by both the student and the guide, and coding was independently conducted by the student, guide, and co-guide until a consensus was reached on interpretations and themes.

Pilot study

The pilot study took place from 22/09/22 to 29/09/22 in the pediatric wards, involving data collection from three participants who consented to participate. Participants were selected using non-probability convenience sampling from the pediatric medicine and surgical wards of AIIMS, Bhopal. The study targeted caregivers with children admitted to these wards at the time of data collection. Interviews were conducted following principles for one-to-one interviews, utilizing probing questions from the interview guide, and recording responses with a mobile recorder. Transcripts were generated after careful reading and re-reading of the interview recordings to identify similarities in words, sentences, and phrases, facilitating the generation of codes, subthemes, and themes. The pilot study confirmed the feasibility of conducting the main study and highlighted the importance of noting significant phrases during interviews.

Plan for data analysis

Sections 1 and 2 containing demographic variables will be analyzed by using descriptive statistics i.e., frequency and percentage, and section 3 containing qualitative data will

be analyzed as thematic analysis using Braun and Clark's (2006) by identifying codes and developing themes and subthemes by following six steps of thematic analysis and i.e., *Familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up.*

Summary

This chapter dealt with the methodology adopted, research approach, research design, setting of the study used in the present study, sample and sampling technique, development of data collection, and plan for data analysis.

RESULTS

CHAPTER- 4

RESULTS

This chapter contains the analysis and interpretation of data to assess the difficulties faced by caregivers during pre-procedural fasting in children admitted at AIIMS Bhopal. It is one of the important parts of research where the collected data is systematically analyzed and interpreted with the study objectives thereby deducting meaningful inferences, meanings, themes, and subthemes and proving the assumptions. The data collected were tabulated where indicated, analyzed, and interpreted based on objectives using Braun and Clark's (2006) thematic analysis.

Qualitative data analysis involves coding the data, categorizing the data, relevance to the study subject, and making sense of the data when interpreted, to give meaning to the whole.

The phenomenological method usually has the structure of the phenomenon as the basic finding. It consists of the vital meaning given by the participants and analyzed.

Re-reading ensured the data was further divided into smaller elements to strengthen the findings. Data was then integrated with the elements identified to generate a similar meaning for thestudied phenomenon.

Findings were detailed with the help of the terms and references collected from the interviews. Interpretations were justified with essential meaning and the codes to generate themes.

The analysis and interpretation of the data is usually not done in numerical form, demographic data is expressed in frequency and percentage.

The data and findings have been organized and presented in the following sections:

Section 1: Description of sociodemographic data of the Informant.

Section 2: Description of information about the admitted child.

Section 3a: Description of major themes, subthemes, codes, and supportive quotations depicting the lived experiences of caregivers during pre-procedural fasting in children.

Section 3b: Description of major themes, subthemes, codes, and supportive quotations depicting the difficulties faced by caregivers during pre-procedural fasting in children.

Section 1: Description of Sociodemographic Data of the Informant.

Table 2: Frequency and percentage distribution of sociodemographic data of the Informant. **N= 18**

Criteria		Frequency	Percent
Informant relation to the child	Mother	**10**	**55.6**
	father	7	38.9
	Other	1	5.6
Informant age	Mean Age	30 Years	
Informant education	Professional Degree	3	16.7
	Graduate	3	16.7
	Intermediate/diploma	**4**	**22.2**
	High School	3	16.7
	Middle School	**4**	**22.2**
	Primary School	1	5.6
Informant occupation	Professional	**3**	**16.7**
	Clerical/shop/farmer	2	11.1
	Skilled Worker	2	11.1
	Semi-Skilled Worker	1	5.6
	Unskilled Worker	2	11.1
	Unemployed	1	5.6
Previous involvement in the surgery	Yes	6	33.3
	No	**12**	**66.7**

Table 2 depicts the presents that the majority of informants were mothers (55.6%) With a mean age of 30 years, the informants are from various educational backgrounds, from Professional Degrees (16.7%) to education at the Primary School level (5.6%). Occupationally, a mix of professionals (16.7%), clerical/shop/farmers (11.1%), skilled workers (11.1%), and unemployed individuals (5.6%) participated. Notably, 33.3% had prior involvement in their child's surgery in contrast, the majority (66.7%) had no prior involvement.

Section 2: Information about the admitted child.

Table 3: Frequency and percentage distribution of information about admitted children.

N= 18

Criteria		Frequency	Percent
Child age	2-3 year	**7**	**38.9**
	>3-4 Year	3	16.7
	>4-5 Year	5	27.8
	>5-6 year	3	16.7
Child gender	Male	**14**	**77.8**
	Female	4	22.2
Days of Hospitalization	2 Days	2	11.1
	>2-4 Days	4	22.2
	>4 Days	**12**	**66.7**
Prescribed Hours of fasting	>4-6 hours	**10**	**55.6**
	>6 hours	8	44.4
Actual fasting hours	>6 hours	**18**	**100.0**

Continued…

History of surgery in the past	Yes	5	27.8
	No	**13**	**72.2**
Time Gap Between Surgery	NA	**13**	**72.2**
	<2 Months	2	11.1
	>6 Months	3	16.7
Any diagnosed Disease Condition	Yes	3	16.7
	No	**15**	**83.3**

Table 3 depicts the children and their medical conditions. Notably, a substantial portion of the children falls within the age group of 2-3 years (38.9%), with a majority being males (77.8%). Most children experience hospitalization for more than 4 days (66.7%), prescribed fasting durations predominantly range from >4-6 hours (55.6%), and the actual fasting hours consistently exceed 6 hours (100.0%). A significant number have undergone surgery in the past (27.8%), with varying time gaps between surgeries.

Section 3a & 3b: Thematic Analysis and Interpretation of Caregivers' Lived Experiences and Difficulties Caregivers Faced During Pre-procedural Fasting in Children.

The data was analyzed using Braun and Clark's (2006) thematic analysis.[29] The researcher used a qualitative descriptive approach for identifying, analyzing, and reporting themes and patterns. Qualitative data was analyzed in two steps: Data preparation and thematic analysis.

Data preparation

Transcription of data

Bracketing was done before the data collection through peer and self-review techniques. Interviews were transcribed verbatim after listening to the audio-recorded interviews.

Efforts were made to keep the originality of the words spoken by the Caregivers. Patients were given code so that the anonymity of the patients could be maintained.

Thematic analysis

Data were analyzed using Braun and Clark's six-step thematic analysis that is, Familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up. Following the Framework, data were read analytically by the first author multiple times to become familiar with the content and capture ideas of interest. The content was then coded, at both a semantic and latent level. A revision of the codes was carried out to ensure the coding sets were robust. This revision allowed for the addition to existing, and the creation of new latent codes. Initial themes were developed through compiling the coded data. Developed themes were then reviewed to ensure that they were representative of the dataset and that the research question was being addressed. Themes were defined and named to ensure that they followed a clear direction and were relevant. Finally, written analytical pieces were compiled together and edited to produce the written report. The analysis was carried out in consultation with a second, senior author throughout the process.

The study followed Braun and Clark's 6 steps of thematic analysis:

1. **Familiarization:** To obtain a deeper insight into the phenomenon, the researcher immersed herself in the data by reading the interview transcripts repeatedly. The researcher transcribed audio, read through the text, and took initial notes to get familiar with it.
2. **Coding:** The researcher highlighted the sections of texts mainly sentences and came up with shorthand codes. After the researcher had been through the text, she collected together all the data into groups identified by code that allowed her to gain a condensed overview of the main points.

3. **Generating themes:** The Researcher looked over the codes that she had created, identified patterns among them, and came up with themes. The researcher combined several codes into a single theme.
4. **Reviewing the themes:** The Researcher made sure that the themes were useful and actual representations of the data. The researcher returned to the data set and compared themes against it. Themes were finalized and it was reviewed by the various experts.
5. **Defining and naming themes:** The researcher made a final list of themes to name and define each of them and name the themes.
6. **Writing up**: The Researcher wrote up the analysis of data by mentioning themes, subthemes, and statements of samples based on codes.

Results:

The study aimed to uncover challenges in caregivers' experiences of pre-procedural fasting in children. The analysis revealed four prominent Themes and 11 Sub-themes while assessing the lived experiences of the caregivers during the pre-procedural fasting period and two major themes and seven subthemes while assessing the difficulties faced by caregivers during preprocedural fasting.

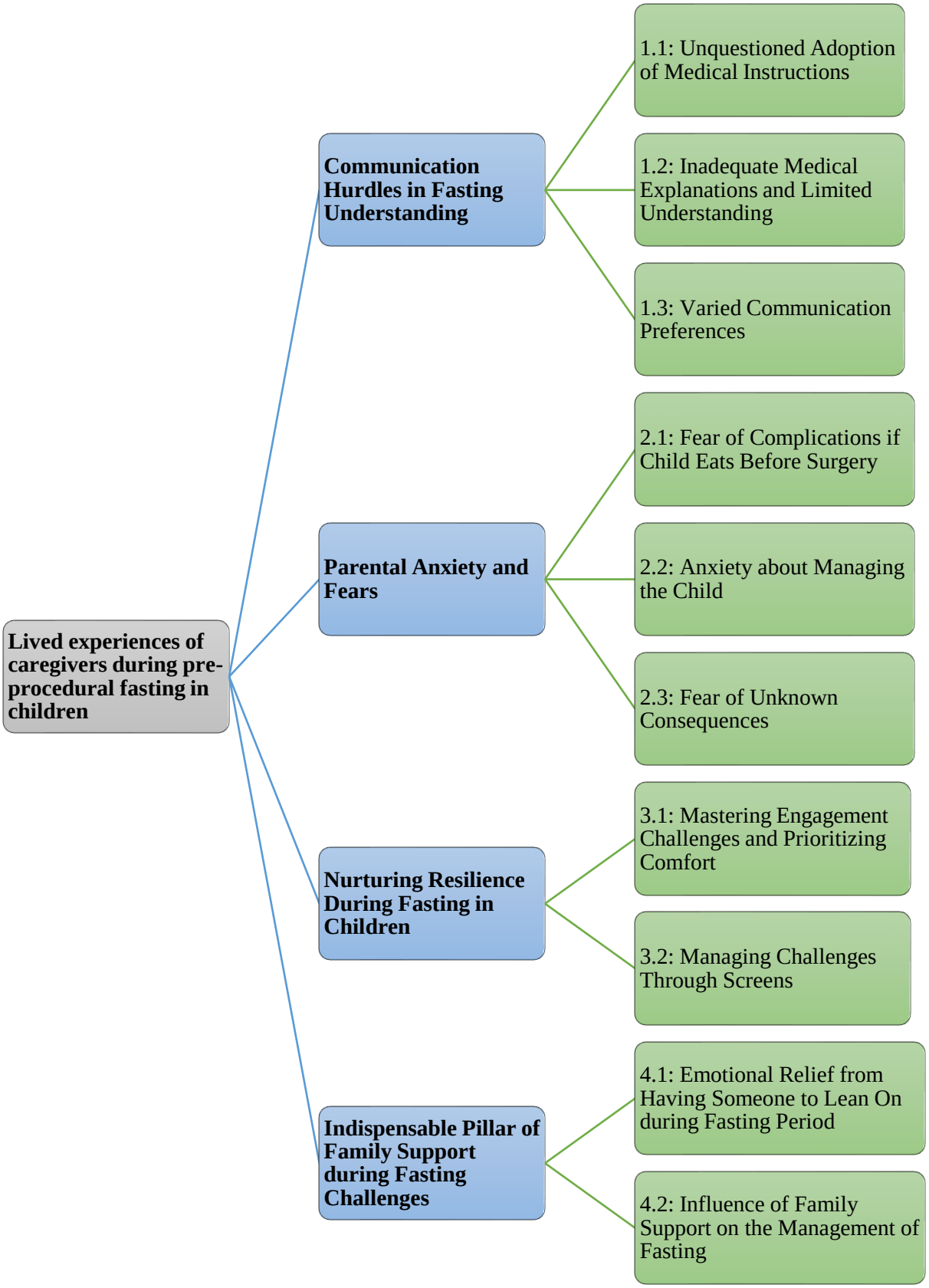

Lived experiences of caregivers during pre-procedural fasting in children
Communication Hurdles in Fasting Understanding
1.1: Unquestioned Adoption of Medical Instructions
1.2: Inadequate Medical Explanations and Limited Understanding
1.3: Varied Communication Preferences
Parental Anxiety and Fears
2.1: Fear of Complications if Child Eats Before Surgery
2.2: Anxiety about Managing the Child
2.3: Fear of Unknown Consequences
Nurturing Resilience During Fasting in Children
3.1: Mastering Engagement Challenges and Prioritizing Comfort
3.2: Managing Challenges Through Screens
Indispensable Pillar of Family Support during Fasting Challenges
4.1: Emotional Relief from Having Someone to Lean On during Fasting Period
4.2: Influence of Family Support on the Management of Fasting

Figure 2: Schematic representation of themes and subthemes indicating lived experiences of caregivers during pre-procedural fasting of their children.

Table 4: Themes, sub-themes, and codes indicating the lived experiences of caregivers during pre-procedural fasting of their children.

S. No.	Themes	Sub-themes	Codes
1.	**Communication hurdles in fasting understanding**	1.1: Unquestioned adoption of medical instructions 1.2: Inadequate medical explanations and limited understanding 1.3: Varied communication preferences	♣ Limited knowledge ♣ Lack of personal understanding of fasting ♣ Perceived necessity of fasting ♣ Purpose of fasting ♣ Instructions received ♣ Conflicting instructions ♣ Lack of detailed explanation ♣ Importance of verbal explanation ♣ Suggestions for improved communication ♣ Communication strategies ♣ Communication with other parents ♣ Preferences in information delivery
2.	**Parental anxiety and fears**	2.1: fear of complications if a child eats before surgery 2.2: anxiety about managing the child 2.3: fear of unknown consequences	♣ Potential harms ♣ dealing with child's requests ♣ Parental responsibility

Continued…

3.	**Nurturing resilience during fasting in children**	3.1: mastering engagement challenges and prioritizing comfort 3.2: managing challenges through screens	♣ Child's behavior during fasting ♣ Child's emotional response ♣ Dealing with child's discomfort ♣ Diversions during fasting ♣ Use of mobile phones ♣ Coping strategies
4.	**Indispensable pillar of family support during fasting challenges**	4.1: emotional relief from having someone to lean on during the fasting period 4.2: influence of Family Support on the Management of fasting	♣ Family support ♣ Support system ♣ Assistance and treatment

Section 3a: Description of lived experiences of the caregivers during pre-procedural fasting of their children.

Detailed Description of Themes and Sub-Themes with the help of supportive quotations

Theme 1: Communication Hurdles in Fasting Understanding

This theme encompasses challenges in conveying and comprehending information related to pre-procedural fasting for children. Caregivers encounter communication difficulties, leading to varied understanding and adoption of medical instructions.

- **Sub Themes 1.1: Unquestioned Adoption of Medical Instructions**

Caregivers blindly followed medical instructions without fully grasping the implications, potentially resulting in insufficient preparation for pre-procedural fasting.

Trust in Health Care Team

Several caregivers express a profound trust in medical professionals, readily adhering to their instructions without seeking clarification or understanding.

"I don't know about that, sister. We are not very educated, so we can't explain these things. We will do whatever you all say." (RP-2)

"The doctor informed us about this. They told us to keep the child hungry from 4 a.m. until the operation, and we agreed because the doctors know why they need to keep them hungry."(RP-11)

"The nursing officer informed us. We relied on information provided by the nursing officer. We rely on that because the child has to go for an operation, and whatever the doctor said, we agreed to it."(RP-17)

These caregivers exhibit a strong reliance on medical authority. They unquestioningly follow directives, believing that medical professionals possess the necessary knowledge

for the patient's well-being.

Lack of Inquiry

In contrast to seeking clarification or understanding, some caregivers demonstrate a passive acceptance of medical instructions without questioning their rationale.

"No one explained why the child should be kept hungry. They only told me to keep the child hungry." (RP-1)

"We were not specifically explained about this; the doctor just said that the procedure needs to be done, and he has to stay hungry for it."(RP-5)

"Why do they fast? Why don't they fast? I didn't even ask the staff why they fast!"(RP-7)

"They had told us to start fasting from midnight, so I fed the child until 8 o'clock in the evening. I just followed what the doctor had advised." (RP-6)

"Well, the doctor knows whether it's harmful or beneficial. They instructed us to keep them hungry, and since then, they have remained hungry."(RP-11)

These caregivers reflect a lack of curiosity or proactive engagement with medical staff regarding fasting protocols. They simply accept the instructions without delving into the reasons behind them, highlighting a passive acceptance of health team members.

Minimal Preparation

Caregivers typically make minimal preparations for fasting, focusing more on adherence to medical instructions than proactive planning.

"No, we didn't make any separate preparations. I just fed him in the evening, and we brought biscuits and a packet of Kurkure chips, which he ate."(RP-2)

"Keeping him hungry is necessary, and whatever the doctor does, it will be for the child's well-being, and if you follow the doctor's advice, the child will recover quickly."(RP-5)

❖ Sub Theme 1.2: Inadequate Medical Explanations and Limited Understanding

Misconceptions and Insufficient explanations from medical staff regarding the fasting procedure contributed to caregivers' incomplete knowledge and potential misconceptions, leading to some caregivers having a limited understanding of the purpose of fasting and not fully adhering to fasting rules.

Assumptions Based on Personal Knowledge

Some caregivers form their explanations for the necessity of fasting based on their understanding or experiences. For example, one caregiver associates fasting with preventing bowel movements due to their child's medical condition. Similarly, another caregiver believes that fasting is important for surgeries to prevent complications, drawing from their understanding.

"I think the reason for fasting could be that my child had a pouch colon, and his intestine was only about 3 or 4 inches long. So, maybe he was kept hungry to prevent any bowel movement."(RP-1)

"I know that keeping a child fasting is important for surgeries because if you feed them, it can cause complications. It's my understanding that for stomach surgeries, the child needs to fast." (RP-3)

"The illness is such that it doesn't get better without the procedure, so undergoing the procedure is necessary, and keeping the child hungry is also necessary."(RP-5)

“I have heard that they keep you hungry during the operation." (RP-6)

Reliance on External Sources

Caregivers also rely on information from their social circle or healthcare providers without fully understanding the rationale behind fasting. They mention that others around them have also kept their children fasting before surgeries.

"People around me, they've also kept their children fasting before surgery."(RP-7)

"It's essential because if the child eats before surgery, there could be issues like vomiting and bleeding during the operation." (RP-9)

"We observe fasts throughout the day, which are like our roza (fasts). We keep these fasts throughout the day." (RP-11)

"If we give the child something to eat, and suppose something goes wrong during the operation, what will we do? So, it is better to keep the child on an empty stomach." (RP-12)

Some caregivers became confused because they received different instructions from different members of the health team.

"One doctor told us that we could feed the child at 4 in the evening on the day before the surgery, and another doctor said not to give anything after 12 in the night." (RP-4)

Importance of Fasting for Test Accuracy

Some caregivers mention that fasting is necessary to obtain accurate test results, but they may not fully understand the specific mechanisms or reasons behind this requirement.

"To get accurate test results, they said we needed to make the child fast for a while. This is done to ensure that the tests produce accurate results." (RP-8)

"Keeping the child empty stomach makes the illnesses clear. If there is anything in the stomach, it won't be good for the operation. Helps in a clearer examination."(RP-13)

"Results of tests are more accurate when the stomach is empty."(RP-16)

In contrast to the others, one caregiver provided clear instructions on pre-procedural fasting, which is often misunderstood by most caregivers.

"Pre-procedural fasting means not giving anything through the mouth to the child so that the chances of aspiration and other complications are minimized, especially before surgery or any procedure in the operating room." (RP-10)

❖ Sub Themes 1.3: Varied Communication Preferences

How caregivers preferred to receive information varied, and many indicated that they needed verbal explanations as well as some suggestions or methods for managing the child during the fasting hours to improve their understanding.

Preference for Verbal Explanation

Some caregivers emphasize the importance of verbal communication in providing information about fasting to parents. They believe that verbal explanations are more effective in conveying the reasons behind fasting and its implications, as spoken words can connect with individuals more effectively. Caregivers argue that verbal communication allows for immediate interaction and clarification, making it easier for parents to understand and ask questions and facilitating better adherence to fasting protocols.

"The spoken explanation connects with the person more effectively. Parents should be informed first about the pros and cons of fasting, the advantages and disadvantages, and what might happen in the OT if the child is not kept hungry."(RP-1)

"Well, if the person is willing to understand, explaining verbally works better. It's not easy for someone to fully understand through written instructions because one word can have multiple meanings." (RP-2)

"It depends on the parents. Some might understand better when it's spoken, while others prefer written instructions."(RP-3)

"Explaining it verbally is more effective because that's the right way…they should explain that the child is being kept hungry and the reason for it. Why the child is being kept hungry should be told." (RP-4)

"Verbal communication is quicker and more effective for parents to understand."(RP-16)

"Instructions should be explained verbally. No time to write everything down."(RP-15)

Some caregivers have expressed the necessity of educating mothers, particularly about the requirement of pre-procedural fasting.

"Oral information can be given to the mother because the mother can take better care of the child. If a complete procedure is explained to the mother, she can manage the child better."(RP-10)

A few caregivers have suggested that written instructions hold more significance and worth compared to verbal instructions.

"No, it should be given in written form because once something is written, it cannot be changed."(RP-6)

Some caregivers highlight the importance of considering parents' literacy levels and language preferences when communicating about fasting. They suggest using simple language or verbal instructions in the local language to ensure comprehension, particularly for parents who may not be literate.

"...a complete explanation should be given about the time and why NPO is necessary. Just saying to keep the child NPO from a specific time without proper context is not right."(RP-10)

"It should be communicated in simple Hindi, telling them not to feed the child before going to the operating theatre and not to give them water."(RP-17)

"In my opinion, it should be conveyed verbally because if they are not literate, what's the use of giving them written information?"(RP-18)

Theme 2: Parental Anxiety and Fears

The caregivers struggled with heightened worry and fears, which included concerns about potential difficulties if the child eats before surgery, anxiety about the child's care while fasting, and fears related to unexpected outcomes. The caregiving journey became more tense and stressful as a result of these emotional challenges.

❖ **Sub Theme 2.1: Fear of Complications if Child Eats Before Surgery**

Caregivers experienced anxiety and fear regarding potential complications if their child consumed food before the scheduled surgery, highlighting the pressure to adhere to fasting instructions to ensure a safe procedure.

“Could be necessary because they administer anesthesia to the child. We were a bit fearful about it, and so we don't feed him." (RP-17)

❖ **Sub Theme 2.2: Anxiety about Managing the Child**

Parents grappled with anxious feelings related to effectively managing their child during the fasting period, reflecting concerns about the child's well-being and comfort.

"In the beginning, we were worried about how long we could keep him hungry."(RP-12)

"We want our child to get better, and if that requires keeping the child a little hungry, then we can do that." (RP-17)

❖ **Sub Theme 2.3: Fear of Unknown Consequences**

Caregivers faced fear and uncertainty about potential unknown consequences associated with fasting, underscoring the emotional burden and apprehension linked to the unfamiliar aspects of the procedure.

"The most challenging part was just hoping that the surgery would go well."(RP-7)

"The most difficult part was when the staff was taking the child inside for the operation. We felt anxious and scared about what would happen next." (RP-12)

Theme 3: Nurturing Resilience During Fasting in Children

This theme encapsulates the efforts made by caregivers to foster resilience in children throughout the fasting experience. The emotional difficulties that children had during fasting were managed by caregivers by addressing issues with collaboration and distraction, using screens as a tool for problem-solving, and putting methods in place to

occupy and reassure their children.

- **Sub Theme 3.1: Mastering Engagement Challenges and Prioritizing Comfort**

Caregivers encountered hurdles in engaging children during fasting, demanding effective cooperation and distraction techniques. Their utilization of diverse methods, including various strategies for distraction and comfort, emphasized the significance of creative approaches to ensure the child's well-being.

Distraction Techniques

Caregivers employ various distraction techniques to divert children's attention from their hunger and discomfort. They engage in activities like patting the child's back, showing them objects in their surroundings, and narrating stories to keep them occupied and entertained. This approach aims to ease the child's distress and create a more comfortable environment during the fasting period.

"He cried a lot, and showing him something new in the OT area helped. I would show him things through the window, like other babies or animals, to entertain him." (RP-10)

"We engaged him in conversations to divert his mind. We narrated stories about our home, saying that he would be okay and go home."(RP-12)

"Walking through the gallery, patting his back, and showing things to distract him."(RP-17)

“Distract them with school-related topics to shift attention from hunger." (RP-14)

Verbal Reassurance and Promises

Caregivers utilize verbal reassurance and promise to comfort the child and alleviate their anxiety about not being able to eat or drink. They explain the situation to the child, reassure them that they will be okay, and promise to fulfill their desires after the procedure. This technique helps to reassure the child and build trust, thereby enhancing their comfort during the fasting period.

"No, the child did not ask for water, but yes, they did ask for food. However, I explained to the child that the doctor had advised against it because of the upcoming operation, and the child understood." (RP-6)

"I just consoled him by saying that we would give it in a little while. I told him, 'We'll give it to you in a little while, wait a bit more.'"(RP-4)

"Promising to get them favorite chocolates or biscuits. Engaging in conversations about school and teachers. Carried him around, showed them things, talked to them. Promised to fulfill their desires after the procedure."(RP-14)

"At first, the child was playing, but then he was getting ready for surgery, and we explained things to him, he cried a little, but when he understood, he stopped crying and said goodbye."

(RP-7)

"We try to keep them occupied, distract them when they feel bothered because we can't feed them. That's the best we can do."(RP-3)

"He asked for water, but we did not give him water. We pacified him with words, walked him around a bit."(RP-5)

"If you are going somewhere for some other work, you can tell the child that you're going to get food, and when you return, you can say that you couldn't find any, but you got some water. This way, you can keep the child calm." (RP-9)

Some caregivers were comforted by the presence of healthcare staff and therefore did not put much effort into distracting the child.

"Staff here has been very supportive. Explained the need to keep the child hungry, ensured comfort, and provided guidance." (RP-16)

"He was sleeping, he woke up around 11 a.m., so nothing much happened. "They took the child early in the morning, around 12:30 p.m., so we didn't do anything before that."(RP-

7)

"Keep food items away from them, keep drinks away, so they won't ask for it, because they are children, and if these things are in front of them, they will ask for them." (RP-11)

- **Sub Theme 3.2: Managing Challenges Through Screens**

Caregivers utilized screens as a tool to manage challenges during fasting, employing visual distractions and entertainment to alleviate children's discomfort and make the fasting experience more manageable.

"No, I didn't give him a mobile phone initially, but then my husband said to give it to him for a little while to calm him down because he was getting very cranky."

(RP-4)

"Nowadays, children don't talk without mobiles. When he gets very upset, I give him the mobile for a while." (RP-8)

"We diverted his attention by showing him a mobile phone and engaged him in conversations about his family."(RP-12)

"Pacify children with a mobile, engage in conversation." (RP-14)

"Diverted attention by showing cartoons on the mobile. Watching videos on the mobile kept him engaged."(RP-16)

While some caregivers find mobile phones effective in diverting children's attention and pacifying them, others report that their children do not pay attention to the phone when they are hungry. This suggests that the effectiveness of mobile phone distractions may vary depending on individual children and their level of hunger or distress.

"No, when our child is hungry, he doesn't pay attention to the phone."(RP-17)

Theme 4: Indispensable Pillar of Family Support During Fasting Challenges

Family support emerged as a crucial foundation during challenges faced in fasting,

providing emotional relief, and significantly influencing the management of fasting for the child.

- **Sub Theme 4.1: Emotional Relief from Having Someone to Lean On During Fasting Period**

Caregivers experienced emotional relief by having someone to lean on during the fasting period, highlighting the supportive role of family members in emotional assistance and alleviating the challenges.

"My mother is here, and her presence is quite reassuring. Having the grandmother around gives everyone hope. If you have a bit of support, everything becomes manageable." (RP-8)

"His mother and his aunt were with him. They took care of him; he slept most of the time." (RP-1)

"Yes, my sister-in-law and her daughter-in-law were there with me. I benefited greatly. They got things done quickly, things I didn't know about."(RP-7)

The presence of family members, particularly maternal figures like mothers, grandmothers, sisters, and aunts, provides emotional reassurance and support to caregivers and children during the fasting period.

"Brother, uncles, and cousins were there. Benefited from quick work and assistance from family members."(RP-15)

Caregivers report benefiting greatly from the presence and assistance of family members during the fasting period. They mention that having family members around helps in managing tasks more efficiently.

- **Sub Theme 4.2: Influence of Family Support on the Management of Fasting**

Family support played a pivotal role in influencing the effective management of fasting,

emphasizing its impact on the overall caregiving experience and the child's well-being.

Varied Levels of Involvement

Participants express varying levels of involvement and support from family members during the fasting period. While some caregivers mention the presence of their husbands or family members, they indicate that their assistance was not necessary or significant.

"My husband was there, but everything was already known, so there was no need for additional help." (RP-10)

"No one assisted. My husband was with me, but he didn't do anything separately."(RP-13)

"My husband was there, but I was the one taking care of keeping the child hungry." (RP-18)

Others highlight the active involvement of family members, such as fathers and aunts, in providing emotional support and engaging with the child.

"Besides that, I talked to him; his father talked to him, and his aunt talked to him."(RP-7)

"My Brother suggested distractions and promised treats after fasting."(RP-14)

Participants also note the absence of certain family members, particularly mothers, as a significant challenge during the fasting period, emphasizing the importance of familial support in coping with such challenges

"The most challenging part was that my child's mother isn't here right now."(RP-8)

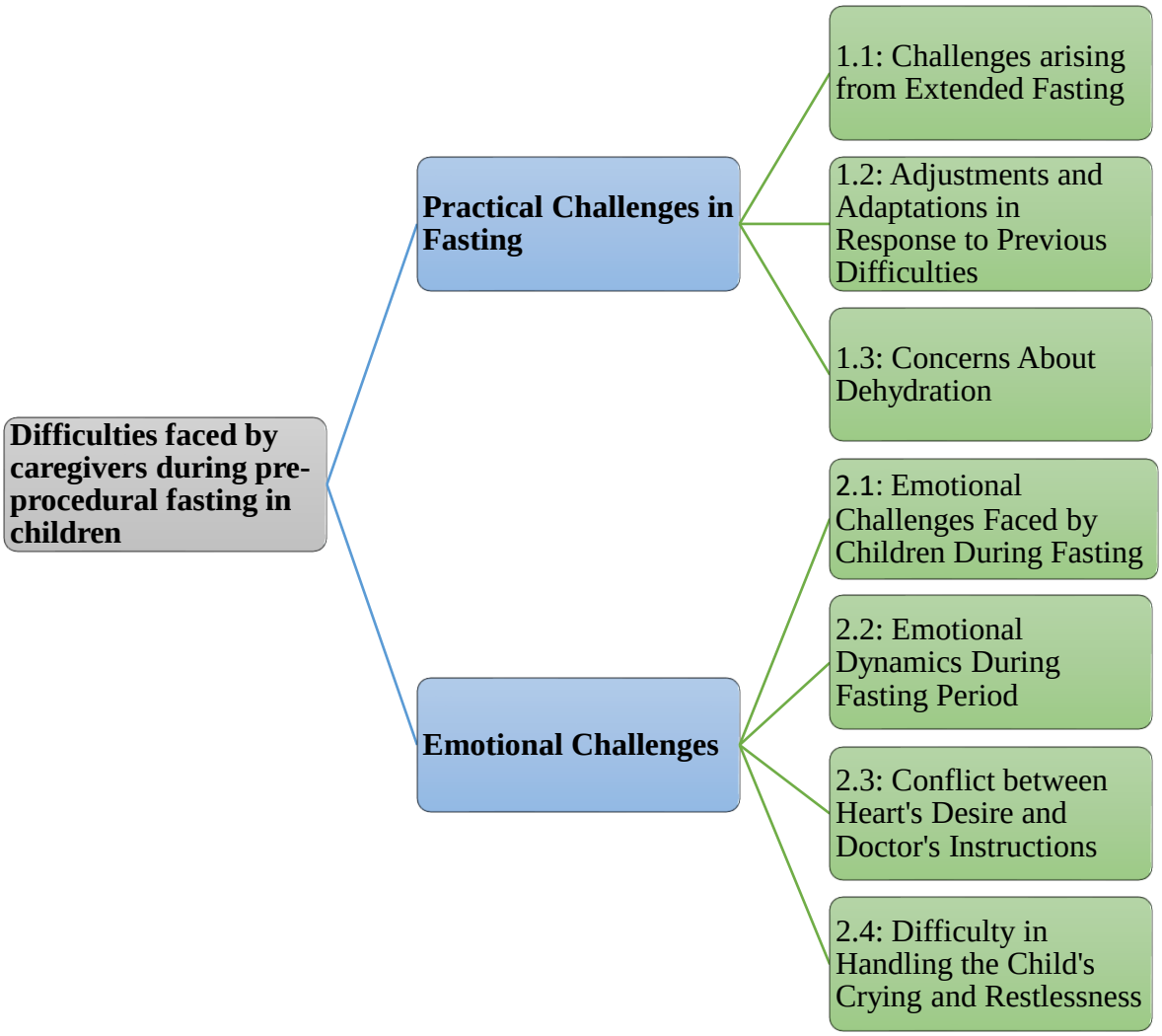

Difficulties faced by caregivers during pre-procedural fasting in children
Practical Challenges in Fasting
1.1: Challenges arising from Extended Fasting
1.2: Adjustments and Adaptations in Response to Previous Difficulties
1.3: Concerns About Dehydration
Emotional Challenges
2.1: Emotional Challenges Faced by Children During Fasting
2.2: Emotional Dynamics During Fasting Period
2.3: Conflict between Heart's Desire and Doctor's Instructions
2.4: Difficulty in Handling the Child's Crying and Restlessness

Figure 3: Schematic representation of themes and subthemes indicating difficulties faced by caregivers during pre-procedural fasting in children.

Table 5: Themes, sub-themes, and codes indicating the difficulties faced by caregivers during pre-procedural fasting in children.

S. No.	Themes	Sub-themes	Codes
1.	**Practical challenges in fasting**	1.1: Challenges arising from extended fasting 1.2: Adjustments and adaptations in response to previous difficulties 1.3: Concerns about dehydration	♣ Fasting experience comparison ♣ Limited preparation ♣ Preparation for fasting ♣ Use of an IV bottle ♣ Surgery delay
2.	**Emotional challenges**	2.1: Caregivers emotional dynamics during fasting period 2.2: Conflict between heart's desire and doctor's instructions 2.3: Difficulty in handling the child's crying and restlessness	♣ Impact on child's behavior ♣ Challenges for children ♣ Challenges in dealing with hunger ♣ Dealing with difficulties ♣ Parental understanding ♣ Handling difficulties ♣ Strategies to make a child happy ♣ Advice on fasting duration ♣ Parental responsibility ♣ Parental advice ♣ Potential harms

Section 3b: Description of difficulties faced by caregivers during pre-procedural fasting of their children.

Detailed Description of Themes and Sub-Themes with the help of supportive quotations

Theme 1: Practical Challenges in Fasting

Caregivers encountered practical difficulties during the pre-procedural fasting period for children, encompassing various aspects such as extended fasting duration, adjustments made in response to past challenges, and concerns related to dehydration.

- **Sub Theme 1.1: Challenges arising from Extended Fasting**

Caregivers faced difficulties due to the prolonged duration of fasting, highlighting potential issues related to hunger, discomfort, and the overall management of the child during an extended fasting period.

"The child was completely exhausted and very tired. It was scheduled for 8 in the morning, but it got delayed and took place at 2:30."(RP-1)

" Most Difficult Part was When the operation time was getting delayed. Difficult to handle the child's crying and restlessness."(RP-14)

"Parents should also be informed about the fixed time for the operation in the operation theatre (OT)."(RP-17)

- **Sub Theme 1.2: Adjustments and Adaptations in Response to Previous Difficulties**

Caregivers made modifications and adapted their approach based on experiences from previous fasting instances, indicating a learning process in managing difficulties and optimizing strategies over time.

Learning from Past Experiences

Caregivers draw on past experiences, either their own or those of friends and relatives, to inform their understanding of pre-operative fasting. They recall observations from previous surgeries and procedures, noting the duration of fasting recommended in those instances. These experiences serve as valuable reference points, informing their expectations and actions regarding fasting for their child's surgery.

"Well, I have been with someone who had an operation, and I heard from them that you should not eat anything in the morning, 4 to 8 hours before the operation."(RP-6)

"My friends and relatives have had surgeries, and we observed that they shouldn't eat anything for about 12-24 hours before the surgery."(RP-13)

Some caregivers note any improvements or lack of problems compared to previous instances, suggesting an adaptive response to previous difficulties encountered during fasting periods.

"There weren't many problems as compared to the previous time when we had it done."(RP-1)

Some caregivers mention being informed about fasting requirements during previous check-ups or medical consultations. This information reinforces their awareness and understanding of the fasting process, enabling them to prepare accordingly for their child's surgery.

"The nurses and doctors here informed us. Already knew about it from previous check-ups." (RP-14)

"Informed by the doctor. Already knew from the first experience with the child's mother's C-section." (RP-15)

- **Sub Theme 1.3: Concerns About Dehydration**

Many caregivers voiced concerns about the risk of dehydration during fasting, highlighting the importance of controlling the child's fluid intake. Furthermore, an agreement was reached among caregivers on the usefulness of IV bottles as a valuable nutritional source during fasting hours.

Mitigating Thirst

Caregivers suggest strategies to mitigate thirst, such as providing small amounts of water if the surgery is delayed or moistening the child's lips to alleviate dryness. They emphasize the importance of keeping the child comfortable and hydrated, even if oral intake is restricted.

"If you think it's getting too late for surgery, give 2-4 drops of water because the child's throat can get dry." (RP-2)

"The last option is that the child is small, and cannot speak, so the only thing is to apply water on the lips for 1-2 hours; then the child feels a bit relaxed by licking."(RP-3)

Role of IV Infusion

Caregivers highlight the role of IV infusion in alleviating thirst and providing necessary nutrients and hydration to the child. They acknowledge the effectiveness of IV fluids in supporting the child's recovery, particularly when oral intake is not possible.

"Yes, the child did receive fluids through an IV bottle. It helped reduce the child's hunger and thirst to some extent." (RP-9)

"I made preparations and gave him a good amount of milk before keeping him NPO at 4 am. Yes, fluids were given. DNS was administered. There is a benefit [of giving fluids] to prevent dehydration because if the child feels weak from inside and we do not give any fluids, they may become dehydrated internally."(RP-10)

"…the child had an IV bottle. IV bottle provides all the necessary energy."(RP-15)

"IV bottles were very beneficial. Helped in the child's recovery, especially when he

couldn't eat."(RP-16)

“Gently put the child to sleep. After the IV Infusion is inserted, the child won't feel thirsty. Helped because with the IV bottle, he wasn't asking for water. He was asking for it before."(RP-18)

Despite treatment with IV fluids, some children still experience thirst and hunger, prompting caregivers to seek alternative solutions.

"The child was still thirsty and hungry despite the treatment with an IV bottle. It should be explained by the doctors a bit that if we have to keep the child hungry for 12 hours, they will put up an IV bottle, and give injections with protein." (RP-3)

Theme 2: Emotional Challenges

Caregivers encountered emotional struggles throughout the pre-procedural fasting process for their children. These challenges encompassed various aspects of parental emotions and interactions.

- **Sub Theme 2.1**: **Emotional Challenges Faced by Children During Fasting**

Children encountered emotional difficulties while fasting, including feelings of hunger and distress. Caregivers actively managed these challenges to provide emotional support.

Difficulty in Expressing Themselves

Caregivers acknowledge the challenges faced by young children during fasting periods, particularly in expressing their discomfort or needs. Unlike adults, who can articulate their hunger or discomfort, small children struggle to communicate their feelings, making it challenging for caregivers to understand and address their needs.

"The most challenging part was dealing with his hunger. If we feel hungry, we can simply say that we want to eat, but these young children don't understand such things."(RP-2)

"Small children do face some difficulties. We adults can tolerate it, but small children

can't express themselves." (RP-3)

Fear and Anxiety

Children may experience fear and anxiety during the fasting period, especially in the initial hours or when undergoing medical procedures such as tests or needle attempts. The unfamiliar environment of the hospital, coupled with medical procedures, can contribute to feelings of apprehension and discomfort in children.

"The child is a bit scared during the initial hours when they are fasting for the tests."(RP-8)

"Child gets a bit irritable due to the doctor's attire and repeated needle attempts."(RP-16)

The age of the child plays a significant role in how they cope with fasting. Older children may adjust more easily to the fasting period and experience fewer emotional challenges compared to younger children who may find it more distressing.

"It depends on the age of the child. Older children adjust more easily and are less troubled."(RP-10)

"The child was hitting me and demanding to be fed."(RP-9)

Effective communication and efforts to reassure and comfort the child are essential in navigating the emotional difficulties encountered during fasting, according to one caregiver.

"You need to make the child understand. It's better when you have support from others, but it's still challenging."(RP-9)

- **Sub Theme 2.2: Caregivers Emotional Dynamics During Fasting Period**

Caregivers faced emotional challenges explaining fasting to their children, leading to heightened emotions while managing their children's hunger amid limited understanding. Despite these difficulties, parents maintained a strong emotional bond, empathizing with their children and displaying profound empathy throughout the fasting phase.

Challenges and Empathy

Caregivers acknowledge the emotional challenges they face during the fasting period, particularly in witnessing their child's distress. They express empathy towards their children, recognizing that managing hunger and discomfort is more challenging for them than for adults.

"It's a bit challenging for them. We can manage it, but it's not easy for the children."(RP-3)

"Child wants to move around and keeps asking for things. Difficult to handle the child's demands and make them happy."(RP-14)

"Difficulties were that we had to keep moving him from here to there and console him. Most challenging part was his hunger, him crying, and repeatedly having to move him around."(RP-17)

The emotional bond between caregivers and children is evident, with caregivers feeling their child's hunger and experiencing emotional distress when their child cries.

"The main difficulty was that when he cried, we felt like crying too. He was hungry, and we were just sitting there."(RP-2)

Caregivers recount moments where they put aside their own needs and emotions to focus on comforting and supporting their child during the fasting period.

"I was standing in front of that gate until the child came back from surgery. I couldn't think about myself at that time."(RP-7)

Caregivers turn to prayer and spirituality for solace during difficult times, seeking divine intervention to alleviate their child's suffering and anxiously awaiting the end of the fasting period so their child can eat again.

"We prayed to the Almighty to make things better for them so that he could eat something after the operation." (RP-11)

Strength and Resilience

Despite the emotional toll, caregivers emphasize the importance of remaining strong and composed in front of their children. They advocate for maintaining a sense of calm and reassurance, both for themselves and their child, to navigate the challenges of the fasting period effectively.

"You shouldn't become weak in front of your children! First make yourself understand that there's nothing to be afraid of, and then explain it to your child." (RP-7)

"Parents should remain strong in front of their children. Make sure you understand the situation and then explain it to your child."(RP-9)

In contrast to this, some caregivers have stated that they did not face any difficulties.

"No, I didn't face any difficulties at all." (RP-6)

- **Sub Theme 2.3: Conflict between Heart's Desire and Doctor's Instructions**

Caregivers grappled with internal conflicts arising from the disparity between their heartfelt desires to comfort the child and the medical instructions necessitating fasting, creating emotional turmoil.

Child's Pleas for Relief

Caregivers recount the emotional turmoil they experienced when their child pleaded for relief from hunger and discomfort. They express feelings of helplessness and concern for their child's well-being, as they grapple with the decision to adhere to the doctor's

instructions despite their child's distress.

"He kept saying, 'Please make my stomach better, take me to a good doctor, get me good medicine So, we thought that if we follow the doctor's advice, the operation will happen, and the child's pain will reduce."(RP-12)

"It was our first time, and we didn't have much of an idea. It felt strange that the child was hungry and asking for food, and we couldn't give it."(RP-4)

"The main difficulty was that we couldn't give them anything to eat when they asked for it."(RP-11)

Balancing Compassion and Compliance

Caregivers navigate the delicate balance between their compassion for their child's plight and their obligation to follow the doctor's instructions. They express the internal struggle of wanting to provide relief to their child while understanding the importance of complying with medical recommendations for the child's well-being.

"Our child was crying, and we felt like giving him a little milk, but we didn't give him anything."(RP-12)

"Felt like the child should eat something, but have to follow the doctor's instructions. Can't do anything on our own. Our heart didn't agree, but we had to follow the doctor's instructions. Depended on courage from family and faith in God." (RP-15)

Some caregivers propose adjusting fasting periods based on their understanding, attempting to find a middle ground between their child's needs and medical guidelines.

"According to our understanding, it's better not to keep the child fasting for too long. If they say to keep him fasting for 4 hours, you can keep it for 2 hours and then feed him for the next 2 hours."(RP-2)

- **Sub Theme 2.4: Difficulty in Handling the Child's Crying and Restlessness**

Caregivers faced challenges managing their child's emotional distress, including crying and restlessness, leading to a difficult emotional experience for both the child and the caregiver.

Varied Responses to Hunger

Caregivers describe the diverse responses of children to fasting, ranging from relative calmness to heightened agitation as hunger sets in. Some children exhibit signs of restlessness and irritability, expressing their discomfort through crying and physical agitation.

"He was mostly asleep, so he was not overly troubled, did not cry much, and did not make much noise. He would need some strength to make noise; he was making very slow sounds."(RP-1)

"No significant difference in the child's behavior. Child remained calm throughout the process."(RP-16)

"He was normal; he cries for food anyway, saying, 'Mom, give me food,' so he was a bit fussy."(RP-7)

"He was a bit irritable. The child was okay and didn't cry much."(RP-13)

"The child kept saying repeatedly that he wanted to drink milk and eat. Child started crying when his hunger increased." (RP-17)

Many caregivers find the last hours of fasting to be particularly difficult.

"In the final hours, he gets very agitated. He was hitting us, not stopping, no matter what you do. He just keeps crying." (RP-3)

"In the morning, the child was crying a lot for food." (RP-9)

"The last 2 hours were a bit more difficult; the child cried a lot, and making him calm was the most challenging part."(RP-10)

"There was a lot of difficulty in the later hours because the child starts feeling hungry, then he starts crying, and it becomes very challenging for them to cooperate."(RP-10)

"No problems in the initial hours. Towards the end, they got a bit irritable."(RP-14)

Caregivers employ various coping strategies, including attempting to comfort the child through physical contact and soothing words.

"When the child started crying, I picked him up and tried to comfort him."(RP-3)

Summary

This chapter dealt with the analysis of data which was integrated with the elements identified to generate a similar meaning. Findings were elaborated with the help of the terms and references collected from the Interviews. The analysis and interpretation of demographic data are expressed in frequency and percentage. Interviews were analyzed and essential meaning was presented interms used according to the context as described by the participant. The association was sought among various codes, to develop subthemes and finally generate the themes.

DISCUSSION

CHAPTER 5

DISCUSSION

This chapter provides a brief discussion about major findings, discussion, strengths, limitations implications to nursing, and future recommendations of the study.

Major findings of the study

The study revealed significant insights into the experiences of caregivers during pre-procedural fasting in children. After the analysis of quantitative and qualitative data, it has been found that the majority of informants, primarily mothers (55.6%), participated, with an average age of 30 years with diverse educational backgrounds and various occupations. Data about admitted children revealed that 33.3% had prior involvement in their child's surgery, while the majority (66.7%) did not. The children, predominantly males (77.8%), were mostly in the age group of 2-3 years (38.9%). A substantial number of children experienced hospitalization for more than 4 days (66.7%), with prescribed fasting durations ranging mainly from >4-6 hours (55.6%), although actual fasting hours consistently exceeded 6 hours (100.0%). Many children had undergone surgery before (27.8%), with varying time gaps between surgeries. The study delved into the multifaceted challenges encountered by caregivers during the fasting period of their children, revealing significant themes and sub-themes. Communication hurdles emerged as a prominent issue, with caregivers often unquestioningly adopting medical instructions without fully understanding the rationale behind them. Additionally, inadequate medical explanations contributed to limited understanding among caregivers, exacerbating parental anxiety and fears, particularly regarding potential complications if the child eats before surgery and managing the child's well-being during fasting. Nurturing resilience in children during fasting was identified as crucial, requiring mastery of engagement challenges and prioritizing comfort, often facilitated through the use of screens. Family

support emerged as an indispensable pillar, providing emotional relief and influencing the management of fasting challenges. Practical challenges, such as those arising from extended fasting durations, adjustments in response to previous difficulties, and concerns about dehydration, further underscored the complexity of this period. Emotional challenges were also prevalent, with caregivers navigating their emotional dynamics, conflicts between personal desires and medical instructions, and difficulties in handling their child's crying and restlessness. These findings illuminate the intricate landscape of caregiving during the fasting period.

Discussion

In this section, a discussion of the research findings with the current literature is done.

The current study reveals that a majority of informants were mothers (55.6%), aligning with Velhote AB et al.'s study (2016, Brazil), where 88.7% of caregivers were mothers engaging in preoperative fasting. Similarly, pediatric surgical procedures, particularly inguinal herniorrhaphy in males[30], were more common in both studies.

Demographic characteristics, including mothers' involvement and diverse educational backgrounds in the current study, contrast with Singla et al.'s study (2020, India), suggesting that younger parents (24-30 years) diligently follow fasting instructions[8]. Inadequate medical explanations and limited understanding are consistent themes, reflected in both the present study and Walker et al.'s study (2006, New Zealand), emphasizing poor understanding (22%) of the reasons for preoperative fasting.[31]

Inadequate medical explanations contributing to limited understanding align with Arun et al.'s study (2013, India), emphasizing incorrect fasting instructions by nursing staff.[32]

Unquestioned adoption of medical instructions in the current study mirrors Walker et al.'s (2006, New Zealand) observation that despite poor understanding, most patients (65%) acknowledged the importance of following fasting instructions.[31]

Varied communication preferences in the current study, favoring verbal instructions, differ from Singla et al. (2020, India), where written instructions positively impacted compliance.[8] The scarcity of information provided to caregivers contrasts with Walker et al.'s study (2006, New Zealand), where 93% of parents recalled information, including written instructions, highlighting a disparity in information provision.[31]

Prolonged fasting in the current study resonates with Singla et al. (2020, India), where 88.4% of parents exceeded advised fasting times. Conflicts between caregivers' desires and medical instructions, resulting in emotional turmoil, parallel Singla et al.'s (2020, India) findings where parents hid fasting violations.[8]

Actual fasting hours exceeding prescribed durations in the current study resonate with Cantellow et al.'s study (2012, UK), where 13.5% of patients breached guidelines.[3]

Engelhardt et al. (2011, UK) reported findings aligning with the prolonged fasting durations observed in the current study. Their research indicated median fasting times exceeding 12 hours for solids and nearly 8 hours for fluids, significantly surpassing the recommended fasting guidelines for parents. These findings are consistent with the challenges experienced by caregivers during pre-procedural fasting, as identified in the present study.[33]

The fear of complications if the child eats before surgery aligns with Cantellow et al.'s (2012, UK) finding that some parents allowed specific foods during fasting.[3]

Fear of unknown consequences in the current study echoes Velhote AB et al.'s (2016, Brazil) discovery of caregivers expressing concern, anxiety, and nervousness about their child undergoing surgical procedures. Parental empathy and emotional resonance are consistent themes, emphasizing the emotional connection between caregivers and children during fasting, aligning with Velhote AB et al.'s (2016, Brazil) findings of stress and emotional involvement affecting behavior.[30]

The emotional dynamics observed in the research highlight the significant impact of fasting on caregivers, particularly mothers, during the pre-procedural period. Similarly, a study conducted by Binkowski et al (2017, Brazil) states feelings of nervousness, anxiety, and concern were prevalent, with manifestations such as crying observed in a substantial portion of participants. These emotions were especially pronounced during the anesthesia induction period, indicating heightened levels of apprehension and distress. Despite efforts to remain calm, the separation from their child during surgery induced further anxiety and fear, as caregivers grappled with uncertainty about the procedure's outcome. The inability to fully comprehend the surgical process compounded these feelings, leaving many caregivers unable to find solace even with professional guidance. This underscores the complex interplay between emotional vulnerability, medical instructions, and the innate desire to ensure the well-being of the child.[34] As caregivers navigate the delicate balance between personal emotions and adherence to medical protocols, addressing these emotional challenges becomes imperative to support both caregivers and children effectively during the fasting period. A parent voiced worry about being unaware of the proceedings inside the surgical room and feeling continuously anxious while waiting outside. However, a study by Binkowski et al. (2017, Brazil) found that parents' presence during the procedure enhances the quality of anesthesia induction in non-medicated children before surgery. This leads to smoother inductions and reduces the need for physical restraint, ultimately empowering parents and providing a sense of security to the children undergoing the procedure.[34]

This research did not incorporate the perspective of children during the pre-procedural fasting period. In contrast, Engelhardt et al. (2011, UK) found that children scheduled for elective outpatient surgery experienced prolonged fasting periods, leading to significant pre-operative discomfort despite receiving clear pre-operative instructions.

They observed that severe hunger was more common than severe thirst among the children. Additionally, they noted that those fasting for morning surgery, with longer overall fasting durations for food, reported less hunger compared to those fasting for afternoon surgery, who missed the opportunity to eat breakfast in the morning.[33]

While some findings align with existing literature, disparities underscore the complexity of caregiver experiences during pre-procedural fasting. These findings contribute to a comprehensive understanding of the challenges and emotional aspects associated with pre-procedural fasting in pediatric care.

Limitations of the study

1. The study solely focuses on the experiences and perspectives of caregivers during pre-procedural fasting, potentially overlooking valuable insights gained from exploring post-procedural fasting encounters.
2. There is a notable absence of exploration into the child's perspective during the fasting period, which could offer essential insights into their emotional and psychological responses. By solely concentrating on caregivers, the study may overlook crucial aspects of the child's experience and perception during fasting.
3. The research is conducted within a specific setting, limited to pediatric medicine and pediatric surgical wards. This narrow focus may restrict the generalizability of the findings to other healthcare settings or populations.
4. The study was conducted as part of an MSc degree project, implying potential limitations in terms of resources, scope, and time constraints.

Implications of the study

1. Healthcare practices should adapt communication strategies to encourage parents to question and seek clarification on fasting protocols, fostering open dialogue

and compassionate care.

2. Healthcare providers should offer personalized emotional support programs for caregivers during fasting periods, addressing their empathy and providing guidance to manage internal conflicts, thus alleviating anxiety and boosting confidence.
3. Future healthcare teams should receive training on communication skills, understanding caregiver emotions, and overcoming practical challenges in pediatric care. As nurses stay in close proximity to the patients as well as to the caregivers, integration of the module of the fasting instructions and protocols into nursing education ensures a comprehensive understanding of pre-procedural fasting instructions.
4. Allocating resources for healthcare professionals' training, including standard protocols and guidelines, facilitates effective management of children during fasting periods. These resources should encompass documentation guidelines and hourly checklists, ensuring continuity of care and effective communication among nursing teams.

Recommendations of the study

1. Emotional support programs should be implemented to tailor support for caregivers, enhancing empathy and assisting in managing emotional challenges during fasting periods.
2. Specialized training sessions could be provided for medical staff to improve their communication strategies when interacting with caregivers.
3. Comprehensive guidelines should be developed for healthcare professionals to effectively address challenges associated with prolonged fasting.
4. Large-scale, multicentric research using mixed methods could be conducted to

gather both quantitative and qualitative data on fasting difficulties.

5. Post-procedure fasting experiences should be incorporated to gain a more thorough understanding of the fasting journey for caregivers and children.
6. The research scope could be expanded to include a broader range of settings to capture a more diverse range of fasting experiences.

Conclusion

This study sheds light on the intricate experiences of caregivers navigating the pre-procedural fasting period for children, providing a comprehensive understanding of the challenges and coping strategies involved. Data collection involved face-to-face interviews with 25 selected participants, concluding after reaching data saturation with 18 participants. Rigorous qualitative analysis was ensured through criteria like credibility, dependability, confirmability, and transferability. Thematic analysis revealed six main themes and 19 subthemes. The diverse demographics of participants enriched the findings' relevance. The study highlights communication hurdles, practical challenges, emotional struggles, anxiety, and the fostering of resilience during fasting. Family support emerges as pivotal, providing emotional relief and significantly impacting fasting management. These insights not only inform healthcare professionals to improve pediatric care but also underscore the need for tailored support and educational initiatives. The study lays the groundwork for future research and interventions aimed at enhancing the well-being of caregivers and children during pre-procedural fasting.

REFERENCES

References

1. Lister J. On the antiseptic principle in the practice of surgery. British medical journal. 1867 Sep 9;2(351):246.
2. Williams C, Johnson PA, Guzzetta CE, Guzzetta PC, Cohen IT, Sill AM, Vezina G, Cain S, Harris C, Murray J. Pediatric fasting times before surgical and radiologic procedures: benchmarking institutional practices against national standards. Journal of Pediatric Nursing. 2014 May 1;29(3):258-67.
3. Cantellow S, Lightfoot J, Bould H, Beringer R. Parents' understanding of and compliance with fasting instruction for paediatric day case surgery. Pediatric Anaesthesia. 2012 Sep;22(9):897-900.
4. Søreide E, Eriksson LI, Hirlekar G, Eriksson H, Henneberg SW, Sandin R, Raeder J. Pre-operative fasting guidelines: an update. Colombian Journal of Anaesthesiology. 2007 Nov;35(4):279-86.
5. Li C, Shao H, Huang S, Zhang T, Su X, Zhu S. Effects of an individualized fasting program on fasting time and comfort in infants and young children during the perioperative period. Journal of Paraesthesia Nursing. 2020 Jun 1;35(3):326-30.
6. Ghimire A, Maves GS, Kim SS, Raman VT, Tobias JD. Patient Characteristics Associated with NPO (Nil Per Os) Non-Compliance in the Pediatric Surgical Population. Pediatric Health, Medicine, and Therapeutics. 2022 Jun 16:235-42.
7. Tait AR, Voepel-Lewis T, Munro HM, Gutstein HB, Reynolds PI. Cancellation of paediatric outpatient surgery: economic and emotional implications for patients and their families. J Clin Anaesthesia. 1997 May;9(3):213-9. Doi: 10.1016/s0952-8180(97)00032-9. PMID: 9172029.

8. Singla K, Bala I, Jain D, Bharti N, Samujh R. Parents' perception and factors affecting compliance with preoperative fasting instructions in children undergoing day care surgery: A prospective observational study. Indian Journal of Anaesthesia. 2020 Mar;64(3):210.

9. Bhatt M. Fasting Status, Aspiration Risk, and Sedation Outcomes. Pediatric Sedation Outside of the Operating Room: A Multispecialty International Collaboration. 2021:681-93.

10. Ben Mansour M, Lassioued O, Chakroun S, Slimene A, Ben Youssef S, Ksiaa A, Gahbiche M. Elective surgery cancellations in paediatric surgery: rate and reasons. BMC Paediatrics. 2023 Aug 2;23(1):383.

11. Beazley B, Bulka CM, Landsman IS, Ehrenfeld JM. Demographic predictors of NPO violations in elective paediatric surgery. Journal of Paraesthesia Nursing. 2016 Feb 1;31(1):36-40.

12. Fiese BH, Spagnola MA, Everhart R. Family context in developmental and behavioural paediatrics. M., Wolraich, D., Drotar, PH, Dworkin, E. Perrin, (Eds.), Handbook of developmental and behavioural paediatrics. 2007 Oct 8:79-108.

13. Grunwell JR, Long LD, Bryan LN, Kelley T, Sabnis HS, Simon HK, Kamat PP. Factors affecting same-day cancelation of outpatient paediatric oncologic procedural sedation. Pediatric haematology and oncology. 2018 Aug 18;35(5-6):309-15.

14. Hwang EH, Park JH, Chun P, Lee YJ. Prevalence and risk factors for the weight loss during hospitalization in children: A single Korean children’s hospital experience. Pediatric gastroenterology, hepatology & nutrition. 2016 Dec;19(4):269-75.

15. Pfaff KE, Tumin D, Miller R, Beltran RJ, Tobias JD, Uffman JC. Perioperative aspiration events in children: a report from the Wake-Up Safe Collaborative. Pediatric Anaesthesia. 2020 Jun;30(6):660-6.
16. Carroll AR, McCoy AB, Modes K, Krehnbrink M, Starnes LS, Frost PA, Johnson DP. Decreasing pre-procedural fasting times in hospitalized children. Journal of hospital medicine. 2022 Feb;17(2):96-103.
17. Morrison CE, Ritchie-McLean S, Jha A, Mythen M. Two hours too long: time to review fasting guidelines for clear fluids. British journal of anaesthesia. 2020 Apr 1;124(4):363-6.
18. Sakulsaengprapha V, Daniel M, Cai J, Martinez DA, Mathews SC. Analysis of variation in pre-procedural fasting duration for common inpatient gastrointestinal procedures. Translational Gastroenterology and Hepatology. 2022;7.
19. Young J, Yunus J, Da Silva M, Melville D, Woollett H, Batch J, Ramsbotham J. Reducing the risk of preoperative fasting for children: Implementation of an evidence-based preoperative fasting policy and development of an˜ At Risk" Checklist.
20. Mesbah A, Thomas M. Preoperative fasting in children. BJA Education. 2017 Oct 1;17(10):346-50.
21. Dorrance M, Copp M. Perioperative fasting: A review. Journal of perioperative practice. 2020 Jul;30(7-8):204-9.
22. Panjiar P, Kochhar A, Vajifdar H, Bhat K. A prospective survey on knowledge, attitude and current practices of pre-operative fasting amongst anaesthesiologists: A nationwide survey. Indian Journal of Anaesthesia. 2019 May;63(5):350.
23. Schreiner MS, Nicolson SC. Pediatric ambulatory anaesthesia: NPO—before or after surgery? Journal of clinical anaesthesia. 1995 Nov 1;7(7):589-96.

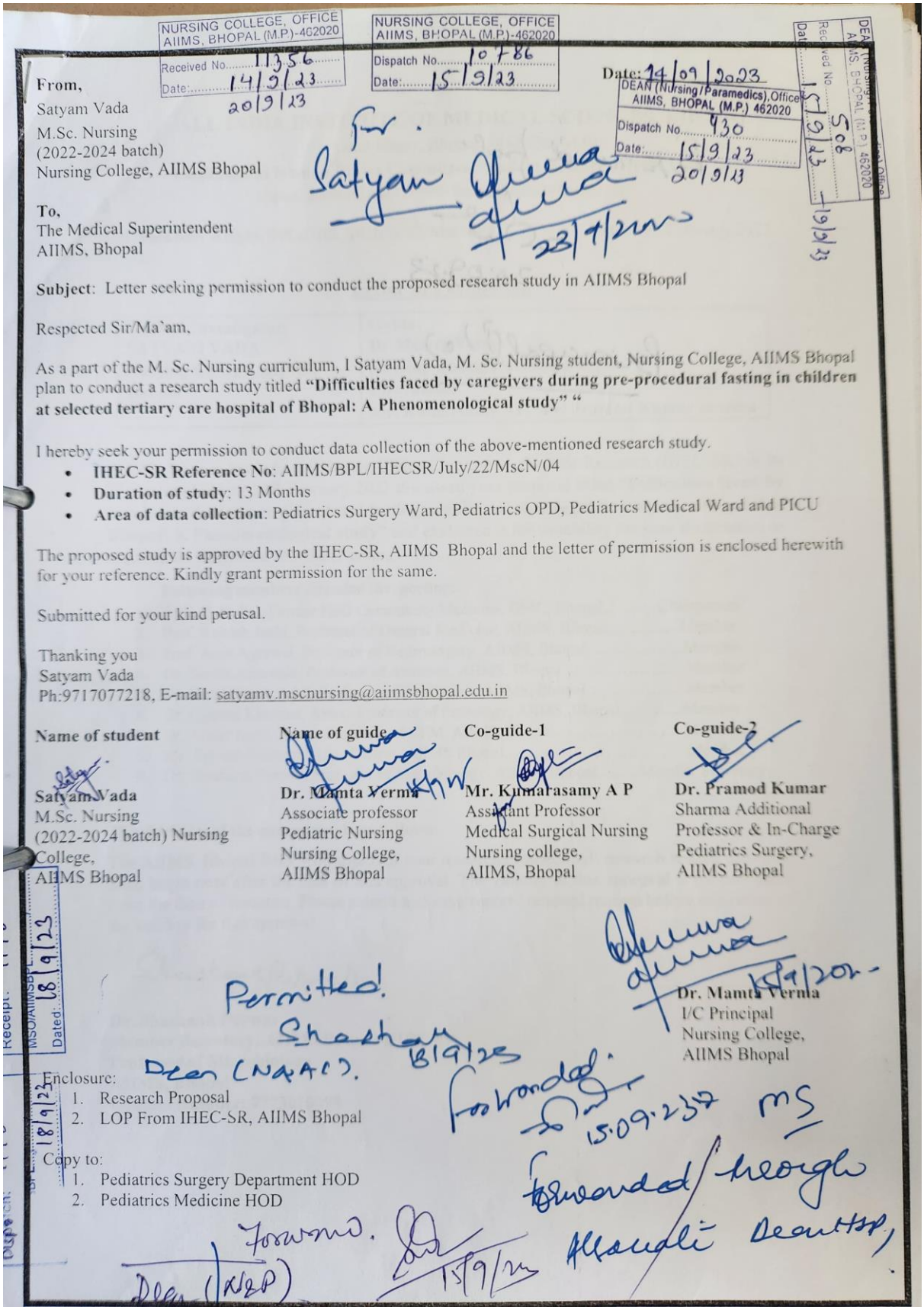
24. Yang WC, Chang YJ, Lin YC, Chen CY, Peng YC, Wu HP. Survey of nil per os duration of patients admitted to the emergency department due to vomiting. Medicine. 2019 Jun;98(14).
25. Fawcett WJ, Thomas M. Pre-operative fasting in adults and children: clinical practice and guidelines. Anaesthesia. 2019 Jan;74(1):83-8.
26. Burek AG, Liljestrom T, Porada K, Matschull L, Pan A, Havens PL, Goday PS. Nutritional advancement in the hospitalized child after NPO: a retrospective cohort study. Hospital paediatrics. 2020 Jan 1;10(1):90-4.
27. Isaacs AN. An overview of qualitative research methodology for public health researchers.
28. Stahl NA, King JR. Expanding approaches for research: Understanding and using trustworthiness in qualitative research. Journal of Developmental Education. 2020 Oct 1;44(1):26-8.
29. Maguire M, Delahunt B. Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. All Ireland Journal of Higher Education. 2017 Oct 31;9(3).
30. Velhote AB, Bohomol E, Velhote MC. Caregivers' reactions to preoperative procedures in outpatient paediatric surgery. Einstein (Sao Paulo). 2016 Jul; 14:403-7.
31. Walker H, Thorn C, Omundsen M. Patients' understanding of pre-operative fasting. Anaesthesia and intensive care. 2006 Jun;34(3):358-61.
32. Arun BG, Korula G. Preoperative fasting in children: An audit and its implications in a tertiary care hospital. Journal of Anaesthesiology, Clinical Pharmacology. 2013 Jan;29(1):88.

33. Engelhardt T, Wilson G, Horne L, Weiss M, Schmitz A. Are you hungry? Are you thirsty? –fasting times in elective outpatient paediatric patients. Pediatric Anaesthesia. 2011 Sep;21(9):964-8.
34. Binkowski S, de Carvalho GP, Caregnato RC. Perception of the Pediatric Patient accompany during anaesthesia induction and awakening.

ANNEXURE

ANNEXURE- 1

LETTER SEEKING PERMISSION TO CONDUCT MAIN STUDY



NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P)-462020
Received No. 11356
Date: 14/9/23
20/9/23

NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P)-462020
Dispatch No. 10786
Date: 15/9/23

Date: 14/09/2023

DEAN (Nursing/Paramedics), Office AIIMS, BHOPAL (M.P.) 462020
Dispatch No. 930
Date: 15/9/23

DEAN (Nursing/Paramedics), Office AIIMS, BHOPAL (M.P.) 462020
Received No. 15/9/23
Sch
19/9/23

for.
Satyam Vada
23/9/2023

From,
Satyam Vada
M.Sc. Nursing
(2022-2024 batch)
Nursing College, AIIMS Bhopal

To,
The Medical Superintendent
AIIMS, Bhopal

Subject: Letter seeking permission to conduct the proposed research study in AIIMS Bhopal

Respected Sir/Ma`am,

As a part of the M. Sc. Nursing curriculum, I Satyam Vada, M. Sc. Nursing student, Nursing College, AIIMS Bhopal plan to conduct a research study titled **"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study" "**

I hereby seek your permission to conduct data collection of the above-mentioned research study.

- **IHEC-SR Reference No**: AIIMS/BPL/IHECSR/July/22/MscN/04
- **Duration of study**: 13 Months
- **Area of data collection**: Pediatrics Surgery Ward, Pediatrics OPD, Pediatrics Medical Ward and PICU

The proposed study is approved by the IHEC-SR, AIIMS Bhopal and the letter of permission is enclosed herewith for your reference. Kindly grant permission for the same.

Submitted for your kind perusal.

Thanking you
Satyam Vada
Ph:9717077218, E-mail: satyamv.mscnursing@aiimsbhopal.edu.in

Name of student	Name of guide	Co-guide-1	Co-guide-2
Satyam Vada M.Sc. Nursing (2022-2024 batch) Nursing College, AIIMS Bhopal	**Dr. Mamta Verma** Associate professor Pediatric Nursing Nursing College, AIIMS Bhopal	**Mr. Kumarasamy A P** Assistant Professor Medical Surgical Nursing Nursing college, AIIMS, Bhopal	**Dr. Pramod Kumar** Sharma Additional Professor & In-Charge Pediatrics Surgery, AIIMS Bhopal

MSO/AIIMSBPL Received: 18/9/23 Dated: 18/9/23

Permitted!
Shashank 18/9/23
Dean (N&AC).

Dr. Mamta Verma
I/C Principal
Nursing College,
AIIMS Bhopal
15/9/2023

Enclosure:
1. Research Proposal
2. LOP From IHEC-SR, AIIMS Bhopal

Copy to:
1. Pediatrics Surgery Department HOD
2. Pediatrics Medicine HOD

Forwarded.
15.09.2023 MS

Forwarded through Head Deptt.

Forwarded.
Dean (N&P)
15/9/23

ANNEXURE- 2

DATA COLLECTION TOOL (ENGLISH)

Semi-Structured Interview questionnaire to assess the Difficulties faced by caregivers during pre-procedural fasting in children

- **Note: This Questionnaire has three sections:**

Section A: The self-structured questionnaire to assess sociodemographic data of the Informant.

Section B: The self-structured questionnaire to assess information about admitted child.

Section C: An interview guide – Open-ended Questionnaires for in-depth Interview, it has two parts:

- **Part 1: Open-Ended Questions to explore lived experiences of caregivers during pre-procedural fasting in children.**
- **Part 2: Open-Ended Questions to understand difficulties faced by caregivers during pre-procedural fasting in children.**

- **Instructions for Participants in a Research Study Involving Questionnaire Administration:**

Dear Participant,
Thank you for participating in our research study. In this study, the researcher will be collecting data by asking questions and filling out a form based on your responses. Your role is to provide honest and accurate answers to the questions asked. Please follow these instructions:

1. Listen Carefully before answering.
2. Your responses are critical to the success and accuracy of this study. Please provide truthful and answers to the questions.
3. Your responses will be kept confidential. The researcher will not disclose your personal information or individual responses to anyone outside of the research team.
4. If you do not understand a question, or if you need clarification on any aspect of the study, please feel free to ask the researcher for clarification. The researcher will be happy to explain further.
5. Please provide the most accurate information possible. If you are uncertain about an answer, it is okay to indicate that you do not know or are unsure.
6. Your participation in this study is voluntary. If at any point you decide that you no longer wish to participate or if you feel uncomfortable, you have the right to withdraw from the study without any consequences.

Section A: The self-structured questionnaire to assess sociodemographic data of the Informant.

Filled by Researcher after asking information from Informant

1. Informant's Relation to child	a) Mother b) Father c) Other, Specify _____
2. Informants' Age in years	
3. Informant's educational status	a) Professional degree b) Graduate c) Intermediate/diploma d) High School e) Middle School f) Primary School g) Illiterate
4. Occupation	a) Professional b) Semi-Professional c) Clerical/shop/farmer d) Skilled Worker e) Semi-Skilled Worker f) Unskilled Worker g) Unemployed
5. Prior involvement in any procedures requiring Pre-Procedural Fasting	a) Yes b) No If yes, then mention year_____ Procedure_____

Section B: The self-structured questionnaire to assess information about admitted child.

Filled by Researcher after asking information from Informant

1. Child's age	
2. Child's Gender	a) Male b) Female
3. Day of hospitalization stay	a) 2 Days b) 2-4 Days c) >4 Days
4. Name of procedure child is undergoing	
5. Prescribed hours for pre-procedural fasting	a) 4 hours b) >4-6 hours c) >6 hours
6. Actual fasting hours	d) 4 hours e) >4-6 hours f) >6 hours
7. History of surgery in past	a) Yes b) No If yes, then mention year_____ Procedure_____
8. Time gap b/w present and previous surgery	a) NA b) <2 months c) 2-6 months d) >6 months
9. Any other diagnosed diseased condition (Past medical history/Other Co-Morbidities)	a) Yes b) No If Yes, Please Specify_____

Section C: An interview guide

Open-ended Questionnaires for in-depth Interview

Introduction:

Good morning/Good evening,

I want to express my sincere gratitude for your participation in our research today.

My name is Satyam Vada, and I am currently pursuing my MSc. Nursing in Child Health Nursing at the Nursing College, AIIMS, Bhopal. As part of my academic research program, I am conducting one-on-one interviews to delve deeper understating into our research topic.

Throughout this interview, I will be asking open-ended questions, allowing you to freely express your thoughts and experiences. There are no right or wrong answers—your insights are what matter most.

To ensure the accuracy and richness of our research, I will be using an audio tape recorder to record our conversation. Please rest assured that all the information you share will remain confidential, and your identity will be kept anonymous throughout the research process. Your participation is entirely voluntary, and you have the freedom to conclude the interview at any point without any obligation.

Now, if you are ready, we can begin our one-on-one interview. If you have any questions or concerns along the way, please do not hesitate to let me know.

Objectives:

1. To explore lived experiences of caregivers during pre-procedural fasting in children.
2. To understand difficulties faced by caregivers during pre-procedural fasting in children.

❖ **Part 1: Open-Ended Questions to explore lived experiences of caregivers during pre-procedural fasting in children.**

S.No.	Questions	Guiding Cues
1. (Opening Question)	What do you know about pre-procedural fasting?	
2.	From where you get to know about pre-procedural fasting?	*Staff *Nearby Parents *Previous experiences * Internet Search *Did someone explained pre-procedural fasting order or just told you to keep your child empty stomach? *How did they explain (Verbally or written)? *Explained with reasons why it is necessary?
3.	Why do you think this activity is necessary before required procedure in your child?	*Please tell me the benefits OR harms you think of keeping your child empty stomach before procedure?
4.	Did you take any assistance from anyone for keeping your child in fasting state before procedure?	*Staff *Internet Search *Guardians of other admitted children in ward *Relatives *How they helped you?
5.	Were there any pre-preparations that you had done to help your child with pre procedural fasting?	*What were these preparations? *Did you learn this preparation from someone?

Part 2: Open-Ended Questions to understand difficulties faced by caregivers during pre-procedural fasting in children.

1.	Is there any difference in your experience initially and in later hours of this preprocedural fasting?	*Was it easy or difficult in beginning or in the end? * Was there any peculiar behavior of child you noticed in these hours? *Was child happy, cooperative, or sad, irritable?
2.	Would you like to describe What all difficulties you faced in keeping your child in fasting state before procedure?	*Was any fluid given to your child via IV Cannula? *What was the most difficult part for you in maintaining pre-procedural fasting in children. *Crying of your Child?
3.	Could you please tell me how you tackled your difficulties and what all measures should be taken to make it easy for caregivers in maintaining pre-procedural fasting in children.	*Story reading/jokes/animated movies/games/mobile phone. *Please explain what makes it easier for you in keeping your child empty stomach?
4.	How would you prefer the explanation of pre-procedural fasting orders to be conveyed to parents, in your opinion?	*In writing? *Multiple verbal explanations? *Explanation in your language? *Explanation in soft and empathetic manner?
5. (Exit Question)	Is there anything else you would like to add about your experiences in keeping your child in a fasting state?	

Thanking Session:

Thank you for your time and participation in this research study. Your input is invaluable and will contribute to the advancement of knowledge and help in providing support and care to children and caregivers in maintaining pre-procedural fasting state successfully our field.
If you have any further questions or concerns, please do not hesitate to ask.

APPNENDIX 3

DATA COLLECTION TOOL (HINDI)

बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयों का आकलन करने के लिए प्रश्नावली

- **नोट: इस प्रश्नावली में तीन खंड हैं:**
  - **खंड ए: मुखबिर के सामाजिक जनसांख्यिकीय डेटा का आकलन करने के लिए स्व-संरचित प्रश्नावली।**
  - **खंड बी: प्रवेशित बच्चे के बारे में जानकारी का आकलन करने के लिए स्व-संरचित प्रश्नावली।**
  - **खंड सी: एक साक्षात्कार गाइड - गहन साक्षात्कार के लिए ओपन-एंडेड प्रश्नावली, इसके दो भाग हैं:**
    - **भाग 1: बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के अनुभवों का पता लगाने के लिए ओपन-एंडेड प्रश्न।**
    - **भाग 2: बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयों को समझने के लिए ओपन-एंडेड प्रश्न।**

- **प्रश्नावली प्रशासन से जुड़े अनुसंधान अध्ययन में प्रतिभागियों के लिए निर्देश:**

प्रिय प्रतिभागी,
हमारे शोध अध्ययन में भाग लेने के लिए धन्यवाद। इस अध्ययन में, शोधकर्ता प्रश्न पूछकर और आपके उत्तरों के आधार पर एक फॉर्म भरकर डेटा एकत्र करेगा। आपकी भूमिका पूछे गए प्रश्नों के ईमानदार और सटीक उत्तर प्रदान करना है। कृपया इन निर्देशों का पालन करें:

1. उत्तर देने से पहले ध्यान से सुनें.
2. इस अध्ययन की सफलता और सटीकता के लिए आपकी प्रतिक्रियाएँ महत्वपूर्ण हैं। कृपया प्रश्नों के सटीक उत्तर प्रदान करें।
3. आपकी प्रतिक्रियाएँ गोपनीय रखी जाएंगी। शोधकर्ता आपकी व्यक्तिगत जानकारी या व्यक्तिगत प्रतिक्रियाओं को अनुसंधान टीम के बाहर किसी को भी प्रकट नहीं करेगा।
4. यदि आपको कोई प्रश्न समझ में नहीं आता है, या यदि आपको अध्ययन के किसी पहलू पर स्पष्टीकरण की आवश्यकता है, तो कृपया बेझिझक शोधकर्ता से स्पष्टीकरण मांगें। शोधकर्ता को आगे समझाने में खुशी होगी।
5. कृपया यथासंभव सटीक जानकारी प्रदान करें। यदि आप किसी उत्तर के बारे में अनिश्चित हैं, तो यह इंगित करना ठीक है कि आप नहीं जानते हैं या अनिश्चित हैं।
6. इस अध्ययन में आपकी भागीदारी स्वैच्छिक है। यदि किसी भी बिंदु पर आप निर्णय लेते हैं कि आप अब भाग नहीं लेना चाहते हैं या यदि आप असहज महसूस करते हैं, तो आपको बिना किसी परिणाम के अध्ययन से हटने का अधिकार है।

खंड ए: मुखबिर के सामाजिक जनसांख्यिकीय डेटा का आकलन करने के लिए स्व-संरचित प्रश्नावली।

***सूचनाकर्ता से जानकारी पूछने के बाद शोधकर्ता द्वारा भरा गया**

1. सूचना देने वाले का बच्चे से संबंध	ए) माता बी) पिता ग) अन्य, उल्लिखित करें_____
2. मुखबिरों की आयु वर्षों में	
3. सूचनादाता की शैक्षिक स्थिति	1) प्रोफेशनल डिग्री 2) स्नातक 3) इंटरमीडिएट/डिप्लोमा 4) हाई स्कूल 5) मिडिल स्कूल 6) प्राथमिक विद्यालय 7) अनपढ़
4. व्यवसाय	1) पेशेवर 2) अर्ध-पेशेवर 3) लिपिक/दुकान/किसान 4) कुशल श्रमिक 5) अर्ध-कुशल श्रमिक 6) अकुशल श्रमिक 7) बेरोजगार
5. पूर्व-प्रक्रियात्मक उपवास की आवश्यकता वाली किसी भी प्रक्रिया में पूर्व भागीदारी	1) हाँ 2) नहीं यदि हाँ, तो वर्ष_____ का उल्लेख करें प्रक्रिया_____

खंड बी: प्रवेशित बच्चे के बारे में जानकारी का आकलन करने के लिए स्व-संरचित प्रश्नावली।
***सूचनाकर्ता से जानकारी पूछने के बाद शोधकर्ता द्वारा भरा गया**

1. बच्चे की उम्र	
2. बच्चे का लिंग	**1) पुरुष** **2) महिला**
3. अस्पताल में भर्ती रहने का दिन	**1) 2 दिन** **2) 2-4 दिन** **3) >4 दिन**
4. बच्चा जिस प्रक्रिया से गुज़रा है, उसका नाम	
5. प्रक्रिया-पूर्व उपवास के लिए निर्धारित घंटे	**1) 4 घंटे** **2) >4-6 घंटे** **3) >6 घंटे**
6. वास्तविक उपवास के घंटे	**1) 4 घंटे** **2) >4-6 घंटे** **3) >6 घंटे**
7. अतीत में सर्जरी का इतिहास	**1) हाँ** **2) नहीं** **यदि हाँ, तो वर्ष_____ का उल्लेख करें** **प्रक्रिया_____**
8. वर्तमान और पिछली सर्जरी के बीच समय का अंतर	**1) लागू नहीं होता है** **2) <2 महीने** **3) 2-6 महीने** **4) >6 महीने**
9. कोई अन्य निदानित रोग स्थिति (पिछला चिकित्सा इतिहास/अन्य सह-रुग्णताएँ)	**1) हाँ** **2) नहीं** **यदि हाँ, तो वर्ष_____ का उल्लेख करें** **प्रक्रिया_____**

अनुभाग सी: एक इंटरव्यू मार्गदर्शिका

गहन इंटरव्यू के लिए ओपन-एंडेड प्रश्नावली

परिचय:

सुप्रभात/ शुभ रात्रि,

मैं आज हमारे शोध में आपकी भागीदारी के लिए अपना हार्दिक आभार व्यक्त करना चाहती हूं।

मेरा नाम सत्यम वदा है और मैं फिलहाल एमएससी कर रही हूं। नर्सिंग कॉलेज, एम्स, भोपाल में बाल स्वास्थ्य नर्सिंग में नर्सिंग। अपने अकादमिक शोध कार्यक्रम के हिस्से के रूप में, मैं अपने शोध विषय को गहराई से समझने के लिए इंटरव्यू आयोजित कर रही हूं।

इस पूरे इंटरव्यू के दौरान, मैं खुले प्रश्न पूछूंगी, जिससे आप स्वतंत्र रूप से अपने विचार और अनुभव व्यक्त कर सकेंगे। कोई सही या ग़लत उत्तर नहीं हैं—आपकी सूक्ष्म दृष्टि ही सबसे अधिक मायने रखती है।

हमारे शोध की सटीकता और समृद्धि सुनिश्चित करने के लिए, मैं हमारी बातचीत को रिकॉर्ड करने के लिए एक ऑडियो टेप रिकॉर्डर का उपयोग करूंगी। कृपया निश्चिंत रहें कि आपके द्वारा साझा की गई सभी जानकारी गोपनीय रहेगी, और पूरी शोध प्रक्रिया के दौरान आपकी पहचान अज्ञात रखी जाएगी।

आपकी भागीदारी पूरी तरह से स्वैच्छिक है, और आपको बिना किसी बाध्यता के किसी भी समय इंटरव्यू समाप्त करने की स्वतंत्रता है।

अब, यदि आप तैयार हैं, तो हम अपना इंटरव्यू शुरू कर सकते हैं। यदि बीच है में आपके कोई प्रश्न या चिंताएं हैं, तो कृपया मुझे बताने में संकोच न करें।

उद्देश्य:

1. बच्चों में प्रक्रिया-पूर्व उपवास के दौरान देखभाल करने वालों के जीवंत अनुभवों का पता लगाना।
2. बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयों को समझना।

❖ **भाग 1: बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के अनुभवों का पता लगाने के लिए ओपन-एंडेड प्रश्न**

क्र.सं.	प्रश्न	मार्गदर्शक संकेत
1. (प्रारंभिक प्रश्न)	आप प्रक्रिया-पूर्व उपवास के बारे में क्या जानते हैं?	
2.	आपको प्रक्रिया-पूर्व उपवास के बारे में कहाँ से पता चलता है?	*कर्मचारी *आस-पास के माता-पिता *पिछला अनुभव * इंटरनेट खोज *क्या किसी ने पूर्व-प्रक्रियात्मक उपवास आदेश के बारे में बताया या सिर्फ आपको अपने बच्चे को खाली पेट रखने के लिए कहा था? *उन्होंने कैसे समझाया (मौखिक या लिखित)? *कारण सहित बताया गया कि यह क्यों आवश्यक है?
3.	आपको क्या लगता है कि आपके बच्चे में आवश्यक प्रक्रिया से पहले यह गतिविधि आवश्यक क्यों है?	*कृपया मुझे बताएं कि प्रक्रिया से पहले अपने बच्चे को खाली पेट रखने से आपको क्या लाभ या हानि हुई है?
4.	क्या आपने प्रक्रिया से पहले अपने बच्चे को उपवास की स्थिति में रखने के लिए किसी से कोई सहायता ली?	*कर्मचारी *इंटरनेट खोज *वार्ड में भर्ती अन्य बच्चों के अभिभावक *रिश्तेदार *उन्होंने आपकी कैसे मदद की?
5.	क्या आपने अपने बच्चे को प्रक्रियागत उपवास से पहले मदद करने के लिए कोई पूर्व तैयारी की थी?	*ये क्या तैयारियां थीं? *क्या आपने यह तैयारी किसी से सीखी?

❖ **भाग 2: बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयों को समझने के लिए ओपन-एंडेड प्रश्न।**

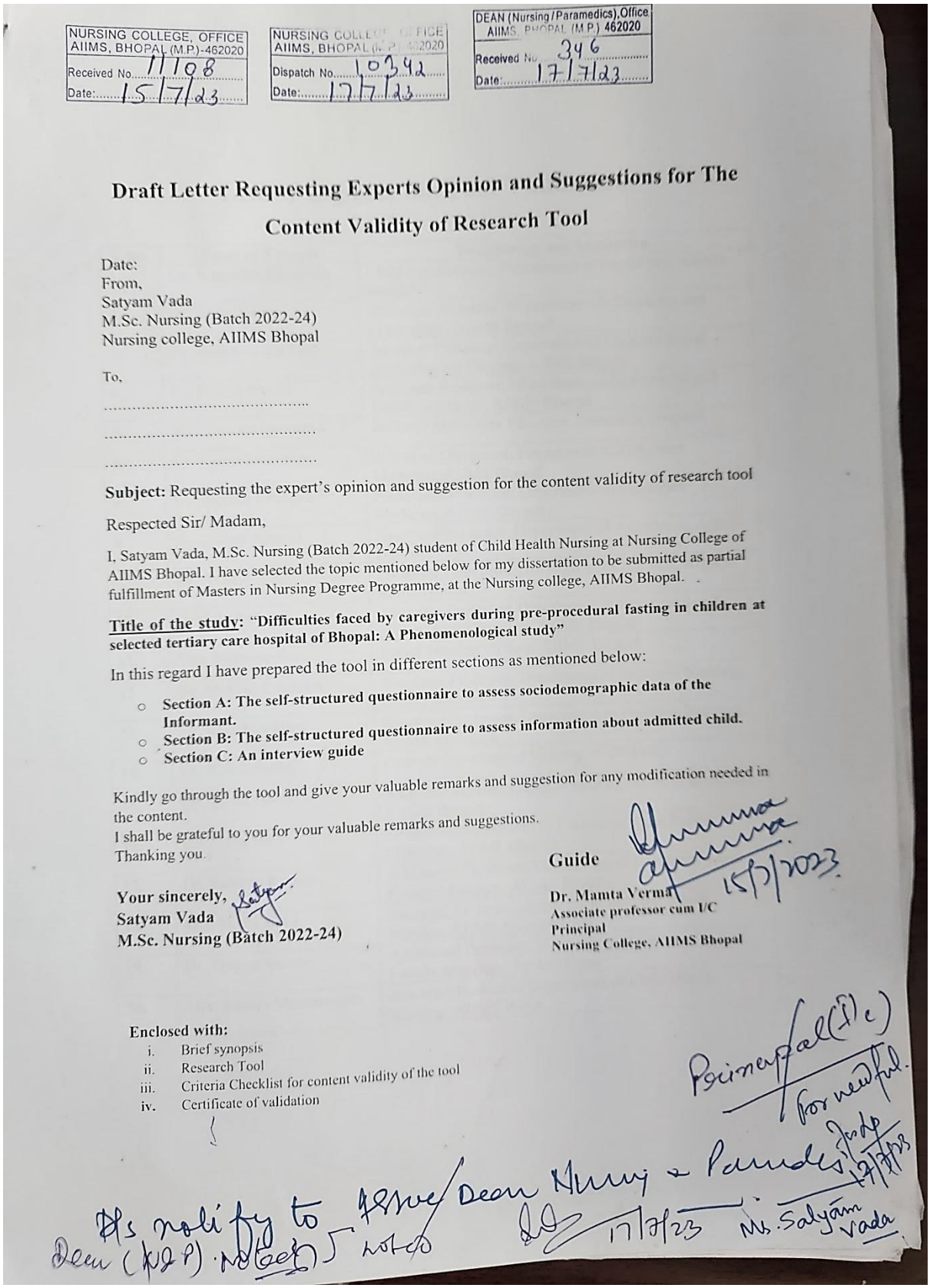
क्र.सं.	प्रश्न	मार्गदर्शक संकेत
1.	क्या इस पूर्वप्रक्रियात्मक उपवास के आरंभ में और बाद के घंटों में आपके अनुभव में कोई अंतर है?	*शुरुआत में आसान था या आख़िर में मुश्किल? * क्या इन घंटों में आपने बच्चे का कोई अजीब व्यवहार देखा? *क्या बच्चा खुश था, सहयोगात्मक था, या दुखी, चिड़चिड़ा था?
2.	क्या आप यह बताना चाहेंगे कि प्रक्रिया से पहले अपने बच्चे को उपवास की स्थिति में रखने में आपको किन कठिनाइयों का सामना करना पड़ा?	*क्या आपके बच्चे को IV कैनुला के माध्यम से कोई तरल पदार्थ दिया गया था? *बच्चों में पूर्व-प्रक्रियात्मक उपवास बनाए रखने में आपके लिए सबसे कठिन हिस्सा क्या था। *आपके बच्चे का रोना?
3.	क्या आप कृपया मुझे बता सकते हैं कि आपने अपनी कठिनाइयों का सामना कैसे किया और देखभाल करने वालों के लिए बच्चों में पूर्व-प्रक्रियात्मक उपवास बनाए रखना आसान बनाने के लिए क्या उपाय किए जाने चाहिए।	*कहानी पढ़ना/चुटकुले/एनिमेटेड फिल्में/गेम/मोबाइल फोन। *कृपया बताएं कि अपने बच्चे को खाली पेट रखना आपके लिए क्या आसान है?
4.	आपकी राय में, आप माता-पिता को पूर्व-प्रक्रियात्मक उपवास आदेशों की व्याख्या कैसे पसंद करेंगे?	*लेखन में? *एकाधिक मौखिक स्पष्टीकरण? *आपकी भाषा में स्पष्टीकरण? *नरम और सहानुभूतिपूर्ण तरीके से स्पष्टीकरण?
5. (आख़िरी प्रश्न)	क्या आप अपने बच्चे को उपवास की स्थिति में रखने के अपने अनुभवों के बारे में कुछ और जोड़ना चाहेंगे?	

धन्यवाद सत्र:

इस शोध अध्ययन में आपके समय और भागीदारी के लिए धन्यवाद। आपका इनपुट अमूल्य है और ज्ञान की उन्नति में योगदान देगा और हमारे क्षेत्र में पूर्व-प्रक्रियात्मक उपवास स्थिति को सफलतापूर्वक बनाए रखने में बच्चों और देखभाल करने वालों को सहायता और देखभाल प्रदान करने में मदद करेगा।
यदि आपके कोई और प्रश्न या चिंताएँ हैं, तो कृपया पूछने में संकोच न करें।

ANNEXURE 4

LETTER REQUESTING CONTENT VALIDATION



NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020 Received No. 11108 Date: 15/7/23

NURSING COLLEGE, OFFICE AIIMS, BHOPAL (M.P.)-462020 Dispatch No. 10342 Date: 17/7/23

DEAN (Nursing / Paramedics), Office AIIMS, BHOPAL (M.P.) 462020 Received No. 346 Date: 17/7/23

Draft Letter Requesting Experts Opinion and Suggestions for The Content Validity of Research Tool

Date:
From,
Satyam Vada
M.Sc. Nursing (Batch 2022-24)
Nursing college, AIIMS Bhopal

To,

.....

.....

.....

Subject: Requesting the expert's opinion and suggestion for the content validity of research tool

Respected Sir/ Madam,

I, Satyam Vada, M.Sc. Nursing (Batch 2022-24) student of Child Health Nursing at Nursing College of AIIMS Bhopal. I have selected the topic mentioned below for my dissertation to be submitted as partial fulfillment of Masters in Nursing Degree Programme, at the Nursing college, AIIMS Bhopal.

Title of the study: "Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"

In this regard I have prepared the tool in different sections as mentioned below:

- **Section A: The self-structured questionnaire to assess sociodemographic data of the Informant.**
- **Section B: The self-structured questionnaire to assess information about admitted child.**
- **Section C: An interview guide**

Kindly go through the tool and give your valuable remarks and suggestion for any modification needed in the content.
I shall be grateful to you for your valuable remarks and suggestions.
Thanking you.

Guide

15/7/2023

Dr. Mamta Verma
Associate professor cum I/C
Principal
Nursing College, AIIMS Bhopal

Your sincerely,
Satyam Vada
M.Sc. Nursing (Batch 2022-24)

Enclosed with:

i. Brief synopsis
ii. Research Tool
iii. Criteria Checklist for content validity of the tool
iv. Certificate of validation

Principal (I/c) for needful.

17/7/23

Ms. Satyam Vada

17/7/23

Dean (N&P) Notified

Dean Nursing & Paramedics

ANNEXURE 5

LIST OF EXPERTS VALIDATED INTERVIEW GUIDE

S No.	Name of Experts	Designation and Institution
1.	Dr. Anuradha Kushwah	Child Psychologist, Department of Psychiatry, AIIMS Bhopal
2.	Dr. Ajay Halder	Associate professor, Department of Obstetrics, and gynecology, AIIMS Bhopal
3.	Dr. Naseema Shafqat	Assistant Professor, Department of Obstetrical and gynecological Nursing, AIIMS Bhopal
4.	Dr. Pankaj Prasad	Associate Professor, Department of Community and Family Medicine, AIIMS Bhopal
5.	Dr. Keerti Swarnkar	Additional Professor, Department of Pediatrics Medicine, AIIMS Bhopal
6.	Dr. Zainab Ahmed	Associate Professor, Department of Anesthesia, AIIMS Bhopal
7.	Dr. Lily Podder	Associate Professor, Department of Obstetrical and gynecological Nursing, AIIMS Bhopal
8.	Dr. Rupinder Deol	Associate Professor, Department of Pediatric Nursing, AIIMS Rishikesh
9.	Dr. Girish Bhatt	Associate Professor, Department of Pediatric Medicine, AIIMS Bhopal
10.	Dr. Pragya Kumar	Additional Professor, Department of Community and Family Medicine, AIIMS Patna
11.	Dr. Malar Kodi S	Assistant Professor, Department of Child Health Nursing, AIIMS Rishikesh

ANNEXURE 7

CONTENT VALIDITY CHECKLIST

Criteria Checklist for The Validation of The Tool

Respected Experts,
I need your valuable judgement on the degree of relevancy of each item to measured domains. If there are any suggestions and modifications, please mention them in remarks section.

Your expert opinion and kind cooperation will be highly appreciated.
This study consists Self- structured tool, which consists following sections:

Section A: The self-structured questionnaire to assess sociodemographic data of the Informant.

Section B: The self-structured questionnaire to assess information about admitted child.

Section C: An interview guide

*Section A: The self-structured questionnaire to assess sociodemographic data of the Informant.

It consists of **six** items of Informant's socio-demographic profile.

Item number	Highly Relevant 4	Quite Relevant 3	Somewhat Relevant 2	Not Relevant 1	Remarks
1.					
2.					
3.					
4.					
5.					
6.					

***Section B: The self-structured questionnaire to assess information about admitted child.**

It consists of **Nine** items to assess information about admitted child.

Item number	Highly relevant 4	Quite relevant 3	Somewhat relevant 2	Not relevant 1	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Section C: An interview guide

It consists of **Eighteen** items for In-depth interview.

Item number	Highly relevant 4	Quite relevant 3	Somewhat relevant 2	Not relevant 1	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

15.					
16.					
17.					
18.					

ANNEXURE 8

CERTIFICATE OF CONTENT VALIDITY

Certification of Validation

This is to certify that Questionnaire/Tool constructed by Satyam Vada, M.Sc. Nursing 2022-24 batch student, Nursing College, AIIMS Bhopal, to be used in her study titled – ***"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"*** has been validated by me and is found to be valid.

Overall Remark:

Signature:

Name of the Expert:
Designation:
Name of the Institution:
Official Seal:

Date:
Place:

ANNEXURE 9

HINDI TRANSLATION CERTIFICATE

CERTIFICATE OF TRANSLATION

TO WHOM IT MAY CONCERN

This is to certify that Ms. Satyam Vada, M.Sc. Child health Nursing (Paediatric Nursing) student of Nursing College, AIIMS Bhopal is conducting research on topic ***"Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"*** The Hindi version of Participant information sheet, Participant consent Form and Research tool for this study is a true and accurate translation of the English version and is valid to collect data for research.

Seal & Signature : 27.9.2023

Name of the language expert :....DR. VIRENDRA KUMAR SINGH

Designation : .....P.G.T.....(...HINDI)

Qualification: .....M.A., M.Phil., Ph.D

Date: 27.09.2023

Place: .....BHOPAL

ANNEXURE 10

PARTICIPANT INFORMATION SHEET (ENGLISH)

1. Study Title: "Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"

2. Study Investigators:

- **Student: Ms. Satyam Vada,** M.Sc.Nursing (2022-2024 batch)
- **Guide: Dr. Mamta Verma,** Associate Professor, Speciality: Pediatric Nursing, Nursing college, AIIMS Bhopal
- **Co- Guides:**
  - **Mr. Kumarasamy AP,** Speciality: Medical and surgical Nursing, Nursing college, AIIMS Bhopal,
  - **Dr. Pramod Kumar Sharma,** Additional Professor & In-Charge Pediatrics Surgery, AIIMS Bhopal.

Introduction

- Caregivers deal with loads of difficulties in preoperative duration in maintaining their children during Pre-procedural fasting, with this study researcher will rule out all those difficulties faced by caregivers.
- Health care providers can act as tool who can aid them in this foremost preparedness for surgical or any other procedure which require pre-procedural fasting status.
- Caregivers' methods and strategies will be the good source of information for other parents and nursing personnel facing same kind of difficulties in maintaining their children during pre-procedural fasting.
- Many studies indicated cancellation of elective surgery due to caregiver's non-compliance of Nil per oral status of child. It can affect overall surgical plan and resources and result in cancellation of procedures that will affect both patient and caregivers as Pediatric patients are likely to fall ill more easily and are more vulnerable for postponement of their surgery. (2)
- Very few studies have evaluated caregivers hindering factors in maintaining pre-procedural fasting of children, its information, and its implications, while the requirement level in this area is particularly high. Improvement of this information seems essential to us for the optimization of overall preprocedural preparation requiring pre-procedural fasting.

Purpose of the study:

Aim of this study therefore will be to describe lived experiences of caregivers, on the understanding and integration of information by caregivers on their experienced obstacles faced during pre-procedural fasting.

Taking part – what it involves:

a. Do I have to take part?

Participation in this research is entirely voluntary. A decision to not take part, or to withdraw at any time, will not affect your rights or medical care in any way.

b. What is expected of me if I take part?

If you agree to participate in the study, after taking informed consent, some questions will be asked to you regarding your personal data and obstacles you faced during pre-procedural fasting, which will not be disclosed to anyone.

c. How long will my part in the study last?

Your participation in the study would last for single interview.

d. What are the possible benefits in taking part?

This study may help in assessing your lived experience of difficulties during pre-procedural fasting in children under the age group of 2-6 years. There is no financial benefit involved in the study.

e. What are the possible disadvantages and risks of taking part?

There are no major foreseeable disadvantages or risks because of the study. There may be risk of loss of privacy and confidentiality of information collected even though all possible measures will be taken to ensure safe data storage and access.

f. What happens to the information collected from me?

All information collected will be kept strictly confidential and not shared with anyone. Results from the study will be reported as group data and will not identify you in any way.

g. What if I change my mind regarding participation in the study?

You are entitled to change your mind and withdraw at any time during the study without any disadvantage or penalty.

h. Whom do I contact for more information or if I have further questions or concerns?

If you want any information or have questions or concerns, you can contact:

Ms. Satyam Vada
MSc. Nursing student,
Department of Child health Nursing,
AIIMS, Bhopal
(97170777218,
satyamv.mscnursing22@aiimsbhopal.edu.in)

Dr. Shashank Purwar
Member Secretary,
Institute Ethics Committee – Student Research,
AIIMS, Bhopal
(7773010099, ihecpgr@aiimsbhopal.edu.in)

ANNEXURE 11

PARTICIPANT INFORMATION SHEET (HINDI)

प्रतिभागी सूचना पत्र

1. अध्ययन का शीर्षक: "भोपाल के चयनित तृतीयक देखभाल अस्पताल में बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयाँ: फेनोमेनोलॉजिकल अध्ययन"

2. अध्ययन अन्वेषक:

- **विद्यार्थी: सुश्री सत्यम वदा,** एम. एससी. नर्सिंग (2022-2024 बैच)
- **मार्गदर्शक: डॉ. ममता वर्मा,** एसोसिएट प्रोफेसर, स्पेशलिटी: बाल चिकित्सा , नर्सिंग कॉलेज, एम्स भोपाल
- **सह-मार्गदर्शक: श्री कुमारसामी एपी**, स्पेशलिटी: चिकित्सा और सर्जिकल, नर्सिंग कॉलेज, एम्स भोपाल, **डॉ. प्रमोद कुमार शर्मा,** अपर प्रोफेसर एवं प्रभारी बाल रोग सर्जरी, एम्स भोपाल।

अध्ययन का परिचय

 पूर्व-प्रक्रियात्मक उपवास के दौरान अपने बच्चों को बनाए रखने में देखभाल करने वाले प्रीऑपरेटिव अवधि में कठिनाइयों का सामना करते हैं, इस अध्ययन के साथ शोधकर्ता देखभाल करने वालों के सामने आने वाली सभी कठिनाइयों को खारिज कर देंगे।

 स्वास्थ्य देखभाल प्रदाता उपकरण के रूप में कार्य कर सकते हैं जो सर्जिकल या किसी अन्य प्रक्रिया के लिए इस प्रमुख तैयारी में उनकी सहायता कर सकते हैं जिसके लिए पूर्व-प्रक्रियात्मक उपवास स्थिति की आवश्यकता होती है।

 पूर्व-प्रक्रियात्मक उपवास के दौरान अपने बच्चों को बनाए रखने में इसी तरह की कठिनाइयों का सामना करने वाले अन्य माता-पिता और नर्सिंग कर्मियों के लिए देखभाल करने वालों के तरीके और रणनीतियां जानकारी का अच्छा स्रोत होंगी।

 कई अध्ययनों ने बच्चे की प्रति मौखिक स्थिति शून्य का पालन न करने के कारण वैकल्पिक सर्जरी को रद्द करने का संकेत दिया। यह समग्र सर्जिकल योजना और संसाधनों को प्रभावित कर सकता है और परिणामस्वरूप प्रक्रियाओं को रद्द कर सकता है जो रोगी और देखभाल करने वालों दोनों को प्रभावित करेगा क्योंकि बाल रोगी अधिक आसानी से बीमार पड़ने की संभावना रखते हैं और उनकी सर्जरी को स्थगित करने के लिए अधिक संवेदनशील होते हैं। (2)

 बहुत कम अध्ययनों ने बच्चों के पूर्व-प्रक्रियात्मक उपवास को बनाए रखने में बाधा डालने वाले कारकों, इसकी जानकारी और इसके निहितार्थों का मूल्यांकन किया है, जबकि इस क्षेत्र में आवश्यकता का स्तर विशेष रूप से उच्च है। पूर्व-प्रक्रियात्मक उपवास की आवश्यकता वाली समग्र पूर्व-प्रक्रियात्मक तैयारी के अनुकूलन के लिए इस जानकारी में सुधार हमारे लिए आवश्यक प्रतीत होता है।

उद्देश्य

 इस अध्ययन का उद्देश्य पूर्व-प्रक्रियात्मक उपवास के दौरान सामना की गई उनकी अनुभवी बाधाओं पर देखभाल करने वालों द्वारा जानकारी की समझ और एकीकरण पर देखभाल करने वालों के जीवित अनुभवों का वर्णन करना होगा।

भाग लेना - इसमें क्या शामिल है:

क। क्या मुझे भाग लेना है?

इस शोध में भागीदारी पूरी तरह से स्वैच्छिक है। भाग न लेने या किसी भी समय वापस लेने का निर्णय किसी भी तरह से आपके अधिकारों या चिकित्सा देखभाल को प्रभावित नहीं करेगा।

ख। यदि मैं भाग लेता हूँ तो मुझसे क्या अपेक्षा की जाती है?

यदि आप अध्ययन में भाग लेने के लिए सहमत हैं, तो सूचित सहमति लेने के बाद, आपके व्यक्तिगत डेटा और पूर्व-प्रक्रियात्मक उपवास के दौरान आपके सामने आने वाली बाधाओं के बारे में आपसे कुछ प्रश्न पूछे जाएंगे, जो किसी के सामने प्रकट नहीं किए जाएंगे।

ग। अध्ययन में मेरा हिस्सा कितने समय तक चलेगा?

अध्ययन में आपकी भागीदारी एक साक्षात्कार तक चलेगी।

घ। भाग लेने के संभावित लाभ क्या हैं?

यह अध्ययन 2-6 वर्ष से कम आयु के बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान कठिनाइयों के आपके अनुभव का आकलन करने में मदद कर सकता है। अध्ययन में कोई वित्तीय लाभ शामिल नहीं है।

ङ। भाग लेने के संभावित नुकसान और जोखिम क्या हैं?

अध्ययन की वजह से कोई बड़ा अनुमानित नुकसान या जोखिम नहीं हैं। एकत्र की गई जानकारी की गोपनीयता और गोपनीयता के नुकसान का जोखिम हो सकता है, भले ही सुरक्षित डेटा भंडारण और पहुंच सुनिश्चित करने के लिए सभी संभव उपाय किए जाएंगे।

च। मुझसे एकत्र की गई जानकारी का क्या होता है?

एकत्र की गई सभी सूचनाओं को कड़ाई से गोपनीय रखा जाएगा और किसी के साथ साझा नहीं किया जाएगा। अध्ययन के परिणाम समूह डेटा के रूप में रिपोर्ट किए जाएंगे और किसी भी तरह से आपकी पहचान नहीं करेंगे।

छ। क्या होगा अगर मैं अध्ययन में भाग लेने के बारे में अपना विचार बदल दूं?

आप अपना विचार बदलने और अध्ययन के दौरान किसी भी समय बिना किसी नुकसान या दंड के वापस लेने के हकदार हैं।

ज। अधिक जानकारी के लिए या मेरे और प्रश्न या चिंताएँ होने पर मैं किससे संपर्क करूँ?

यदि आप कोई जानकारी चाहते हैं या आपके कोई प्रश्न या चिंताएँ हैं, तो आप संपर्क कर सकते हैं:

सुश्री सत्यम वदा
एमएससी। नर्सिंग छात्र,
बाल स्वास्थ्य नर्सिंग विभाग,
एम्स, भोपाल
(97170777218,
satyamv.mscnursing22@aiimsbhopal.edu.in)

डॉ. शशांक पुरवार
सदस्य सचिव,
संस्थान आचार समिति - छात्र अनुसंधान,
एम्स, भोपाल
(7773010099,
ihecpgr@aiimsbhopal.edu.in)

ANNEXURE 12

INFORMED CONSENT FORM

प्रतिभागी सूचना सहमति प्रपत्र

[PARTICIPANT INFORMED CONSENT FORM (PICF)]

इस अध्ययन के लिए प्रतिभागी का पहचान नंबरः …….....
Participant Identification Number for this Study: ……..

अनुसंधान का शीर्षकः "भोपाल के चयनित तृतीयक देखभाल अस्पताल में बच्चों में पूर्व-प्रक्रियात्मक उपवास के दौरान देखभाल करने वालों के सामने आने वाली कठिनाइयाँ: फेनोमेनोलॉजिकल अध्ययन"
Title of Project: "Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study"

शोधकर्ता छात्र का नाम: सुश्री सत्यम वदा **फोन नं:** 9717077218
Name of Student Investigator: Satyam Vada **Tel No.:** 9717077218
शोध मार्गदर्शक का नाम : डॉ. ममता वर्मा
Name of Thesis Guide: Dr. Mamta Verma

मैंने दिनांक 20.08.2022 के सूचना पत्रक संस्करण II में दिए गए सभी तथ्यों को सावधानीपूर्वक पढ़ लिया है/ मुझे अपनी भाषा में स्पष्ट रूप से विस्तारपूर्वक समझा दिया गया है, और मैंने तथ्यों को पूर्णतः समझ लिया है। मैं पुष्टि करता/ करती हूँ, कि मुझे सवाल पूछने के अवसर प्रदान किए गए। The contents of the information sheet version II dated 20 August 2022 that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

मुझे इस अध्ययन की प्रकृति एवं उद्देश्य और इसके संभावित जोखिमों / लाभों तथा अध्ययन की अनुमानित अवधि एवं अन्य प्रासंगिक जानकारी के बारे में विस्तारपूर्वक समझा दिया गया है। मुझे पता है कि इस अध्ययन में मेरी भागीदारी स्वैच्छिक है तथा मैं इस अध्ययन से किसी भी समय बिना कोई कारण बताए, अपना नाम वापस लेने के लिए स्वतंत्र हूं और नाम वापस लेने पर मेरी चिकित्सा देखभाल या कानूनी अधिकारों पर कोई प्रभाव नहीं पड़ेगा। The nature and purpose of the study and its potential risks/benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

मैं समझता/समझती हूं कि इस अनुसंधान में मेरी भागीदारी से मेरे बारे में एकत्र की गई जानकारी और मेरे चिकित्सीय दस्तावेजों के किसी भी भाग को एम्स के जिम्मेदार व्यक्तियों द्वारा ही देखा जाएगा। मैं इन व्यक्तियों को मेरे रिकॉर्ड प्राप्त करने की अनुमति प्रदान करता/ करती हूँ। I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from AIIMS. I give permission for these individuals to have access to my records.

यदि प्रतिभागी बच्चा है तो उसकी मौखिक या लिखित सहमति प्राप्त की गई है। If participants is child, his/her verbal of written assent has been obtained.

मैं उक्त अध्ययन में भाग लेने के लिए सहमत हूं/I agree to take part in the above study.

_____

(प्रतिभागी के हस्ताक्षर / बांए अंगूठे का निशान) (Signature/Left Thumb Impression)
दिनांक/Date……स्थान/Place …….....

प्रतिभागी का नाम/Name of the participant…….....
पिता/पति/पत्नी का नाम /Son/Daughter/Spouse of…….

डाक का पूरा पता /Complete Postal Address ……....

अगर अशिक्षित हों / If illiterate.

सूचना पत्र को प्रतिभागी को पढ़ा और समझाया गया है और प्रश्न पूछने का अवसर दिया गया है। मैं पुष्टि करता हूं कि व्यक्ति ने स्वतंत्र रूप से अपनी सहमति दी है ।
The information sheet has been read and explained to the participant and given the opportunity to ask questions. I confirm that the individual has given consent freely.

कानूनी रूप से स्वीकार्य प्रतिनिधि या निष्पक्ष गवाह के हस्ताक्षर
Signature of Legally acceptable representative or impartial witness.
दिनांक/Date
एलएआर या निष्पक्ष गवाह का नाम / Name of LAR or impartial witness .
पता / Address :-

प्रमाणित किया जाता है कि उक्त सहमति मेरी उपस्थिति में प्राप्त की गई ।
This is to certify that the above consent has been obtained in my presence.

_____

छात्र शोधकर्ता के हस्ताक्षर दिनांक……. स्थान……
Signature of the student Investigator Date …… Place……

ANNEXURE 13

TOOL VALIDITY REPORT

Tool Validation Correction given by validators

Section 1: The self-structured questionnaire to assess sociodemographic data of the Informant.

Items	Exp 1	Exp 2	Exp 3	Exp 4	Exp 5	Exp 6	Exp 7	Exp 8	Exp 9	Exp 10	Exp 11	Item CVI
1. Informant's Relation to child	1	1	1	1	1	1	1	1	1	1	1	1
2. Informants' Age	1	1	1	1	1	1	1	1	1	1	1	1
3. Religion	0	1	1	1	1	1	1	1	1	1	1	0.9
4. Informant's educational status	1	1	1	1	1	1	1	1	1	1	1	1
5. Occupation	1	1	1	1	1	1	1	1	1	1	0	0.9
6. Prior in Involvement surgery or procedures requiring Pre-Procedural Fasting	1	1	1	1	1	1	1	1	1	1	1	1

S-CVI = (sum of I-CVI scores)/ (number of item)
S-CVI=5.8/6
S-CVI= 0.96 {scale of questionnaire has achieved satisfactory level of content validity}

Validators comment in Section 1

Items	Exp 1	Exp 2	Exp 3	Exp 4	Exp 5	Exp 6	Exp 7	Exp 8	Exp 9	Exp 10	Exp 11
1. Informant's Relation to child	--------	--------	-------	-------	-------	*Include address OR area of living -Urban -Rural	-------	-------	-------	-------	-------
2. Informants' Age	--------	--------	-------	-------	-------		Modifications in stem	-------	-------	-------	-------
3. Religion	Does not appear significant	--------	-------	-------	-------		-------	-------	-------	-------	-------

	in the study context										
4. Informant's educational status	--------	--------	-------	-------	-------		-------	-------	-------	-------	-------
5. Occupation	--------	--------	-------	-------	-------		-------	-------	-------	-------	Occupation does not seem to affect the experience faced by the caregivers
6. Prior Involvement in surgery or procedures requiring Pre-Procedural Fasting	---------	--------	-------	-------	-------		Modifi cations in stem and options	-------	-------	-------	-------

Section 2: The self-structured questionnaire to assess information about admitted child.

Items	Exp 1	Exp 2	Exp 3	Exp 4	Exp 5	Exp 6	Exp 7	Exp 8	Exp 9	Exp 10	Exp 11	Item CVI
1. Child's age	1	1	1	1	1	1	1	1	1	1	1	1
2. Child's Gender	1	1	1	0	1	1	1	1	1	1	1	0.9
3. Name of surgery child is undergoing	1	1	1	1	1	1	1	1	1	1	1	1
4. Prescribed hours for pre-procedural fasting	1	1	1	1	1	1	1	1	1	1	1	1
5. If surgery requires any Special Preparation before procedure	1	1	1	1	1	1	1	1	1	1	1	1
6. Actual fasting hours	1	1	1	1	1	1	0	1	1	1	1	0.9
7. Day of hospitalization stay	1	1	1	0	1	1	1	1	1	1	1	0.9
8. Undergone in surgery in past	1	1	1	1	1	1	1	1	1		1	1
9. Time gap b/w present and previous	1	1	1	1	1	1	1	1	1	1	1	1

surgery												
10. Any other diagnosed diseased condition (Past medical history/Other Co-Morbidities)	1	1	1	1	1	1	0	1	1	1	1	0.9

S-CVI = (sum of I-CVI scores)/ (number of item)
S-CVI=9.6/10
S-CVI= 0.96 {scale of questionnaire has achieved satisfactory level of content validity}

Validators comment in Section 2

Items	Exp 1	Exp 2	Exp 3	Exp 4	Exp 5	Exp 6	Exp 7	Exp 8	Exp 9	Exp 10	Exp 11
1. Child's age	-------	-------	-------	-------	-------	-------	Modifications in stem	-------	-------	-------	-------
2. Child's Gender	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
3. Name of surgery child is undergoing	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
4. Prescribed hours for pre-procedural fasting	Modifications in options	-------	-------	-------	-------	-------	Modifications in options	-------	-------	Can keep Open-Ended	-------
5. If surgery requires any Special Preparation before procedure	Modifications in options	-------	-------	-------	-------	-------	Item no. 5 & 9 can be merged	-------	-------		-------
6. Actual fasting hours	Modifications in options	-------	-------	-------	-------	-------	-------	-------	-------		-------
7. Day of hospitalization stay	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
8. Undergone in surgery in past	Modifications in stem & options	-------	-------	-------	-------	-------	-------	-------	-------	Can keep Open-Ended	-------
9. Time gap b/w present and previous surgery	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
10. Any other diagnosed diseased	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

condition (Past medical history/Other Co-Morbidities)												

Section 3: An interview guide

S No.	Items ↓	Experts Opinions→	Exp 1	Exp 2	Exp 3	Exp 4	Exp 5	Exp 6	Exp 7	Exp 8	Exp 9	Exp 10	Exp 11
1.	Do you know anything about pre-procedural fasting?		*Frame as a probe questions. *Reduce the No. of questions to maximum 5-8. *Prepare it in a semi-structured Format keeping it open ended.	-------	-------	-------	-------	-------	Relevant	-------	*Interview guide is too long can be re-organized with the relevance of the study	-------	-------
2.	How did you get to know about pre-procedural fasting?			-------	-------	-------	-------	-------	*Interview guide is too long can be re-organized with the relevance of the study *Interview guide can be framed in 2 parts which will appreciate both the objectives	-------		-------	-------
3.	Did someone explained pre-procedural fasting order or just told you to keep your child empty stomach?			-------	-------	-------	-------	-------		-------		-------	-------
4.	Could you please tell me the benefits of keeping your child empty stomach before procedure?			-------	-------	-------	-------	-------		-------		-------	-------
5.	In your opinion what all harms do you think of keeping your child empty stomach before procedure?			-------	-------	-------	-------	-------		-------		-------	-------
6.	Were there any pre-preparations that you had done to help your child with pre procedural fasting?			-------	-------	-------	-------	-------		-------		-------	-------
7.	Did you take any assistance from anyone other than medical staff for keeping your child empty stomach			-------	-------	-------	-------	-------		-------		-------	-------

	before procedure?											
8.	Is there any difference in your experience before initial and later hours of this preprocedural fasting?		-------	-------	-------	-------	-------		-------		-------	-------
9.	Who was there with you from your family or neighborhood during these hours?		-------	-------	-------	-------	-------		-------		-------	-------
10.	Was there any peculiar behavior of child you noticed in these hours?		-------	-------	-------	-------	-------	Relevant	-------		-------	-------
11.	Would you like to describe What all difficulties you faced in keeping your child empty stomach before procedure?		-------	-------	-------	-------	-------	Relevant	-------		-------	-------
12.	What was the most difficult part for you in maintaining pre-procedural fasting in children.		-------	-------	-------	-------	Cues can be modified	Relevant	-------		-------	-------
13.	Could you tell me how you tackled your difficulties in maintaining pre-procedural fasting in children.		-------	-------	-------	-------	-------	Relevant	-------		-------	-------
14.	Did anyone from staff assessed you in these hours?		-------	-------	-------	-------	Not Needed		-------		-------	-------
15.	According to you what all measures should be taken to make it easy for caregivers and children in maintaining pre-procedural fasting.		-------	Same as item no. 13	-------	-------	-------	Relevant	-------		-------	-------
16.	According To you how would you want it to be, explained to the parents about pre-procedural fasting orders?		-------	-------	-------	-------	-------	-------	-------		-------	-------
17.	Is there anything else you		-------	-------	-------	-------	-------	-------	-------		-------	-------

	would like to add about your experiences in keeping your child in a fasting state?											

ANNEXURE 14

SAMPLE OF VERBATIM

RP- 2 (English)

R: Can you tell me what you know about keeping a child fasting before surgery?
P: No, we don't really know much about it. We were told to keep the child fasting for the surgery, so we did. We were together until 12 in the night, but then they asked me to leave because only one person could stay, so I went outside. We went in at 5 in the morning, and he had received an injection, so he was crying, and we couldn't feed or give him anything. We just kept talking to him and played songs on the mobile. We arrived at 8 for the surgery, and he was still crying. There was a pigeon outside the window, and he kept saying "cauva cauva" to it and then gave it 10 rupees before we took him inside. We went inside at around 9:10 a.m.

R: Who informed you about it?
P: The doctors did.

R: Why do you think it's necessary to keep the child fasting?
P: I don't know about that, sister. We are not very educated, so we can't explain these things. We will do whatever you all say.

R: Did anyone help you in keeping the child fasting?
P: No, sister, we didn't receive any help, but I told them to feed him milk until 2 in the morning because I heard that they give milk here until 2. The only thing was that I gave him a banana and biscuits, and dinner arrived in the evening.

R: Did you make any preparations for keeping the child fasting?
P: No, we didn't make any separate preparations. I just fed him in the evening, and we brought biscuits and a packet of Kurkure chips, which he ate.

R: Did you feed him all these things before keeping him fasting?
P: Yes, and in the morning, they gave him an injection, and he started crying, so we took him in our arms and tried to console him.

R: Did you notice any difference between the initial hours and the last few hours when your child was fasting?
P: There wasn't much difference. When he was crying, we were talking to his uncle and aunt on video call to distract him, and when they said they were coming with things for him, he got excited to play. But when he realized he was hungry, he kept asking for milk repeatedly.

R: What difficulties did you face during this whole process?
P: The main difficulty was that when he cried, we felt like crying too. He was hungry, and we were just sitting there. When his mother wasn't giving him milk, he would hit her and pull her hair.

R: What was the most challenging part for you?
P: The most challenging part was dealing with his hunger. If we feel hungry, we can simply say that we want to eat, but these young children don't understand such things.

R: What advice would you give to other parents on an easier way to keep their child fasting?
P: Look, according to our understanding, it's better not to keep the child fasting for too long. If they say to keep him fasting for 4 hours, you can keep it for 2 hours and then feed him for the next 2 hours. For example, if they say not to give anything after 12, we had already fed him before 4, but after the injection was given around 4, we couldn't give him anything. We thought that the operation would be at 8, and he would be back by 9-10, and we could feed him then. However, they told us that nothing should be given until he fully regained consciousness. We could only give him a little water around 1, and after that, he drank a little of his mother's milk at 4, but it was just a small amount because he was under the influence of the medication, and then he fell asleep.

R: What advice would you give to other parents about keeping their child fasting?
P: According to us, you should feed and give water. For instance, if they say to keep him fasting for 4 hours, keep him fasting for 2 hours, and if they say 2 hours, keep him fasting for 1 hour. If they say not to give anything until 3, and you feel it's necessary, you can offer a little bit and even ask if it's okay. If you think it's getting too late, give 2-4 drops of water because the child's throat can get dry.

R: How should this be explained to other parents?
P: Well, if the person is willing to understand, explaining verbally works better. It's not easy for someone to fully understand through written instructions because one word can have multiple meanings. The spoken explanation connects with the person more effectively.

R: Do you want to add anything else about this?
P: No, I don't have anything more to add.

RP-2 (Hinglish)

R: Aaap ye bataaiye surgery se pehle khaali pet rakhne k baare m aap kyaa jaante hain?
P: Nahi apan nahi jaante kuch. Isme toh apan se bola tha ki khaali pet rakkho jab hi hoga operation, toh apan ne khaali pet rakkha, 12 bje toh apan saath m the baache k fir uske baad mujhe bahar kar diya , ki koi ek hi ruk sakta hai, toh apan bahar aa gaye aur uske baad apan andar gaye subh 5 baje, tab usko ek injection laga diya tha, toh wo ro raha tha, toh usko khila pila kuch sakte nahi the, toh aise hi naam bol bol kar khilate rahe aur gaanaa sunaate rahe mobile se. 8 bje aa gaye operation k liye, toh waha bhi ro hi raha tha, fir waha p ek kabootar dikh raha tha khidki se toh wo use vaha cauva cauva kehte raha, fir use 10 rs de diye, fir use anadar le gaye the. 9:10am p andar le gaye the.

R: Kisne bataaya aapko iske baare m?
P: Doctor logo n.

R: Kya lagta hai aapko kyun zaroori hai bacche ko khaali pet rakhna?
P: Ye maalun nahi hai di, apan toh itne padhe likkhe bhi nahi hai, toh apan nahi bta sakte ye cheezein m jaankari zaada, apan se aap log jo bologe, apan toh wahi karenge.

R: Aapki kisi n madad kari bacche ko khaali pet rakhne m?
P: Nahi di koi sahayta nahi mili, lekin maine bol diya tha ki inhone 12 bje se hi mna kar diya hai lekin 2 bje tak doodh pila dena, maine suna hai ki yaha log 2 bje tak doodh pilate hai. Mada bas yahi hui ki ek kela aur biscuit diye the aur shaam m khaana aaaya tha.

R: aane koi tayyari kari kya bachhe ko khaali pet rakhne k liye ?
P: Nahi aise kuch alag se tayyaari nahi ki , bas raat m khila diya tha apan ne, biscuit le aaye, Kurkure k pkt le aaye the chips wagerah, wo khilaya tha .
R: Ye sab khilaya thaa aapne khaali pet rakhne se pehle ?
P: ji haan, aur subh haath syringe lga diya toh ro raha tha wo toh,godi m leleke bacche ko ghumaate rahe.

R: Aaapko shuruaat k kuch ghanto m aur aakhiri k kkuch ghanto m fark lga kya jab aapka bacha khaali pet tha?
P: Antar kuch nahi, bas jab ro raha tha toh uski video call p baat karwaa rahe the iske bade mummy- papa se ki mann behal jaaye aur jab wo bol de rahe the ki aa rahe hai chiji lekar toh uska thoda khel m mann lag jaa raha tha, lekin jab fir samjh aataa bhookh ka toh baar baar doodh peene k liye bolta.

R: Iss poore prakriya m kya kya kathinaaiyaan aayi aapke saamne?
P: Dikkatein yahi aayi ki jab jab wo ro raha that oh uske saath apan ko bhi rona aa jaa raha tha, hum roye hain, aur wo bhookha hai apan khaaa pi k bethe hain, toh rona toh aa hi raha tha hume. Aur jab humaari madam doodh nahi pila rahi thi toh uske liye unko maar raha tha, baal noch raha tha.

R: Sabse zaada kathinn hissa kya tha aapke liye?
P: sabse zaada kathin tha, Bhookh uski, ab apan ko bhookh lagegi toh apan muh se keh denge ki apan ko roti khaani haiaur ab ye baal- bacche toh nahi jaante ye.

R: Aap doosre maa-baap ko kya salaah denge ki kya aasaan tareeka hai apne bacche ko khali pet rakhne ka?
P: Bhai dekho apne hissab se jaise ki hum zaada padhe likhe nahi hai, humaare hisaab se toh bhookha nahi rakhna chahiye, rakho lekin time se rakho jaise maan k chalo 8 bje operation hona hai toh 4 ghante takt oh bhookha rakh sakte hai, lekin isse zaada lambe samay k liye bhookha na rakhein.

R: Lekin uss case m kya karein jisme bhookha rakhna hi padd gya?
P: Fir toh dekho chote bacche hai, unko toh bhot samasya hai, unki nase bhi khechengi rone se, bhale hi operation ho raha ho unki ek samsya suljhaayenge toh unke samne doosri samsya bhi khadi ho sakti hai, hum toh yahi kahenge ki agar tumhe 4 ghante k liye bola hai bhookha rakhne k liye tum 2 ghante hi rakhna , 2 ghante apni taraf se zaada hi khilaao. Ab jaise hume bola ki 12 bje se nahi dena kuch, toh humne 4 bje se pehle bhi khaliya tha lekin 4 bje k baad jab unhone syringe lagaai

tab se nahi diya kuch, wo keh rahe the ki 8 bje hoga operation, humne toh yahi soacha tha ki 8 bje operation hoga toh 9-10 bje bahar aa jayega tab kuch khila pila sakte hai, lekin fir inhone keh diya ki jab tak poori tarah hosh m nahi aa jaata hai tab tak kuch nahi dena hai, aur hum usko 1 bje jab wapas lekar aaye tab 3 baje bola tha ki ab thoda paani de sakte hai, aur paani bhibas thoda hi pilaana hai zaada nahi, toh humne thoda hu paani diya aur 4 bje k baad hi maa ka dhoodh piya usne wo bhi thoda sa hi, kyuki dawaai k nashi m tha toh thida sa peeta aur fir so jaataa wo.

R: Aur kya salaah denge aap doosre maa-baap ko apne bacche ko khaali pet rakhne k liye?
P: Humaare hisaab se toh yahi hai ki khilaao pilaao, maan lo ki agar wo 4 ghnate k liye bol, rahe hai toh 2 ghante rakkho , agar 2 ghante k liye bol rahe hai toh 1 ghante rakkho , aur agar wo bol rahe hai ki 3 baje tak nahi dena hai , aur agar tumhe lag raha hai ki hai zarorat , toh thoda sa khila dein, pooch k bhi khila sakte hai, agar lag raha hai ki bht hi der ho gayi hai toh 2-4 boond paani pila do, kyuki gala bhi toh sukhta hai bacche ka.

R: Aaap ye bataaiye ki iske baare m doosre maa-baap ko kaise samjhaaya jaana chahiye?
P: dekho agar aadmi samjhne waala hai toh bol k bhi agar samjha diya jaaye toh wo samjh jaata hai, likhit m aadmi utni acchi tarah nahi samjhega, kyuki ek shabd k anek arth bann jaate hai, toh jo saamne baat hoti hai wo alag hai aur jo likha-padhi m baat hoti hai wo kuch aur hai , bolke samjhane se aadmi k dimaag m bethti hai baat.

R: Kya aap chahte hai ki kuch aur bhi samjhaayaa jaaye isi baare m ya jitna aapko samjhaaya tha utna thik hai?
P: Nahi, wo bhi sahi hai, aur yadi kuch aur bhi agar acche se samjhaa rahe hai to wo bhi sahih ai.

R: Iske baare m kuch aur bhi batana chahenge?
P: Nahi ji.

ANNEXURE 15

MASTER SHEET (INFORMANT DATA)

RP No.	Informant's Relation to child	Informants' Age in years	Informant's educational status	Occupation	Prior involvement in any procedures requiring Pre-Procedural Fasting
RP-1	Father	28 years	Professional Degree	Farmer	Yes
RP-2	Mother	23 years	Middle School	Unskilled worker	No
RP-3	Father	34 years	Primary School	Shop	Yes
RP-4	Mother	26 years	Intermediate	Unemployed	No
RP-5	Father	30 years	Middle School	Skilled Worker	Yes
RP-6	Father	28 years	Intermediate	Semi-Professional	No
RP-7	Mother	32 years	Intermediate	Unemployed	No
RP-8	Father	38 years	High School	Semi-skilled worker	No
RP-9	Mother	29 years	Graduate	Unemployed	No
RP-10	Mother	29 Years	Professional Degree	Professional	Yes
RP-11	Mother	26 Years	Middle School	Unemployed	No
RP-12	Mother	28 Years	High School	Unemployed	Yes
RP-13	Mother	32 Years	Graduate	Unemployed	No
RP-14	Mother	40 Years	Professional Degree	Professional	No
RP-15	Father	30 Years	Middle School	Semi-skilled Worker	No
RP-16	Uncle	38 Years	Graduate	Professional	Yes
RP-17	Mother	26 Years	High School	Unemployed	No
RP-18	Father	26 Years	Intermediate	Semi-skilled Worker	No

MASTER SHEET (CHILDREN DATA)

RP No.	Child's age	Child's Gender	Day of hospitalization stay	Name of procedure child is undergoing	Prescribed hours for pre-procedural fasting	Actual fasting hours	History of surgery in past	Time gap b/w present and previous surgery	Any other diagnosed diseased condition
RP-1	2 yr 3m	Male	>4 Days	Excision of Congenital colon Pouch	>6 hours	>6 hours	Yes	>6 months	Yes
RP-2	2 years	Male	2-4 Days	Urethroplasty	>6 hours	>6 hours	No	NA	No
RP-3	3 years	Male	>4 Days	VP Shunting	>6 hours	>6 hours	Yes	>6 Months	No
RP-4	4 years	Male	>4 Days	Orchiopexy	>6 hours	>6 hours	No	NA	No
RP-5	5 years	Male	2 Days	Intrathecal administration of methotraxate	>4-6hours	>6 hours	No	NA	No
RP-6	3 years	Female	>4 Days	Pigtail Insertion	>6 hours	>6 hours	No	NA	No
RP-7	4 years	Male	>4 Days	Chordee Correction	>4-6 hours	>6 hours	No	NA	No
RP-8	6 years	Female	2-4 Days	Lymph Node Excision Biopsy	>4-6 hours	>6 hours	No	NA	No
RP-9	5 years	Male	>4 Days	TIPS Urethroplasty	>6 hours	>6 hours	No	NA	No
RP-10	2 years	Male	>4 Days	Urethroplasty	>4-6 hours	>6 hours	Yes	>6 Months	No
RP-11	5 years	Male	>4 Days	Umbilical Hernia Repair	>4-6 hours	>6 hours	No	NA	No
RP-12	5 years	Male	>4 Days	Adhesionolysis with omental band release	>6 hours	>6 hours	Yes	<2 Months	No
RP-13	2 Years	Male	>4 Days	Orchiopexy	>4-6 hours	>6 hours	No	NA	No
RP-14	4 Years	Male	2-4 Days	Urethroplasty	>4-6 hours	>6 hours	No	NA	No
RP-15	3 Years	Female	2 Days	Incision and Drainage	>4-6 hours	>6 hours	No	NA	No
RP-16	2 Years	Female	>4 Days	Bone Marrow Aspiration	>4-6 hours	>6 hours	No	NA	Yes (Down Syndrome)
RP-17	3 Years	Male	>4 Days	PCN Insertion	>4-6 hours	>6 hours	Yes	<2 Months	No
RP-18	4 Years	Male	2-4 Days	Urethroplasty	>6 hours	>6 hours	No	NA	No

ANNEXURE 16

Certificate of National Workshop on Qualitative Research Designs and Analysis (AIIMS Raipur)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES RAIPUR, CHHATTISGARH, INDIA

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़) भारत

आरोग्यम् सुख सम्पदा

COLLEGE OF NURSING

NATIONAL WORKSHOP ON

Qualitative Research Designs & Analysis

1st & 2nd February 2024

This is to certify that Dr./Mr./Ms. **Ms. Satyam** has Participated / Won First Prize in Scientific Paper Presentation Titled ***Difficulties faced by caregivers during pre-procedural fasting in children at selected tertiary care hospital of Bhopal: A Phenomenological study*** in the National Workshop held on 1st & 2nd February 2024 .

Prof. (Dr.) Binu Mathew
Organizing Chairperson
Professor cum Principal
College of Nursing , AIIMS Raipur

Prof. (Dr.) Alok C. Agrawal
Patron
Dean (Academics)
AIIMS Raipur

Prof. (Dr.) Ajai Singh
Chief Patron
Director & CEO
AIIMS Raipur

ANNEXURE 17

List of Codes and Quotes of the Participants

Lived experiences of the difficulties among caregivers during pre-procedural fasting of their children
RP-1, RP-2, RP-3, RP-4, RP-5, RP-6, RP-7, RP-8, RP-9, RP-10, RP-11, RP-12, RP-13, RP-14, RP-15, RP-16, RP-17, RP-18

Quotes	Codes
"I think the reason for fasting could be that my child had a pouch colon, and his intestine was only about 3 or 4 inches long. So, maybe he was kept hungry to prevent any bowel movement." *"To be honest, I don't think anyone around here would have enough knowledge to explain such things."* ***"I don't know about that, sister. We are not very educated, so we can't explain these things. We will do whatever you all say."*** *"I know that keeping a child fasting is important for surgeries because if you feed them, it can cause complications."* *"My friends and relatives have had surgeries, and we observed that they shouldn't eat anything for about 12-24 hours before the surgery."* *"It's my own understanding that for stomach surgeries, the child needs to fast."* *"Suppose they are performing surgery, and anything can happen during surgery, like the child might go unconscious, or there could be issues like passing stool or urination, which would be problematic."* *"Keeping the child empty stomach is necessary because of the procedure they do."* *"The illness is such that it doesn't get better without the procedure, so undergoing the procedure is necessary, and keeping the child hungry is also necessary."* *"It is beneficial, not only for the child but for every person."*	**Limited Knowledge** **Lack of Understanding** **Personal Understanding of Fasting** **Perceived Necessity of Fasting** **Purpose of Fasting**

"If someone has any disease that requires surgery, then keeping the stomach empty is necessary." *"I did not know anything about it."* *"I have heard that they keep you hungry during the operation."* *"No, I do not think it would harm the child, in my opinion."* *"People around me, they've also kept their children fasting before surgery."* *"Why do they fast? Why don't they fast? I didn't even ask the staff why they fast!"* *"To get accurate test results, they said we needed to make the child fast for a while."* *"This is done to ensure that the tests produce accurate results."* *"Keeping a child empty stomach is advised for surgical procedures."* *"There shouldn't be any food before surgery to avoid any potential issues during the operation."* *"It's essential because if the child eats before surgery, there could be issues like vomiting and bleeding during the operation."* *"Pre-procedural fasting means not giving anything through the mouth to the child so that the chances of aspiration and other complications are minimized, especially before surgery or any procedure in the operating room."* *"This is done to prevent aspiration in babies or anyone else because if aspiration occurs, there are chances of lung infections."* *"We observe fasts throughout the day, which are like our roza (fasts). We keep these fasts throughout the day."* *"They have kept them hungry before, and maybe it was because of the previous tests when they didn't want anything in the stomach before the operation."* *"Because if nothing goes into the stomach, the operation will be better, perhaps that's why they keep them hungry."* *"Well, the doctor knows whether it's harmful or beneficial. They instructed us to keep them hungry, and since then, they have remained hungry."*	

"If we give the child something to eat, and suppose something goes wrong during the operation, what will we do? So, it is better to keep the child empty stomach." *"Keeping the child empty stomach makes the illnesses clear. If there is anything in the stomach, it won't be good for the operation.Helps in a clearer examination."* *"Keeping a child fasting is challenging. It has to be done when such a situation arises. So that the child doesn't face any other problems."* *"It means keeping the child hungry so that the surgery or treatment can be done quickly. Better for the child in my sense."* *"The baby was supposed to be kept hungry for about 4 to 5 hours for bone marrow-related reasons. Needed the child to be on an empty stomach for bone marrow testing."* *"We shouldn't feed the child, shouldn't give him water. The doctor told us not to feed the child for 4 hours before going to the OT, They said, 'We will insert a PCN, don't feed him, don't give him water.'"* *“Could be necessary because they administer anaesthesia to the child. We were bit fearful about it, and so we don't feed him."* *"We want our child to get better, and if that requires keeping the child a little hungry, then we can do that."* *"The child should be kept empty stomach; otherwise, he might vomit."* *"Explained that we should keep the child empty stomach before the operation, so that there are no complications or problems."*	
"A nurse told me at around 11 at night that he should fast from 8 in the evening, and after 12, he should not even be given water." *"One doctor told us that we could feed the child at 4 in the evening on the day before the surgery, and another doctor said not to give anything after 12 in the night."* *"The doctor told us that this child needs the procedure, keep him hungry because the anesthesia injections given can harm his body if he eats."*	**Instructions Received** **Conflicting Instructions**

"Well, I have been with someone who had an operation, and I heard from them that you should not eat anything in the morning, 4 to 8 hours before the operation." *"It was the nursing staff here who informed me."* *"They had told us to start fasting from midnight, so I fed the child until 8 o'clock in the evening."* *"I just followed what the doctor had advised."* *- "The doctor came and said not to feed the child, just that we shouldn't give food from 12, midnight."* *"The doctor told us not to feed the child before surgery. Complications can arise if the child has food before the operation."* *"The doctor informed us about this. They told to keep the child hungry from 4 a.m. until the operation, and we agreed because the doctors know why they need to keep them hungry."* *"The doctor said that keeping the child empty stomach would prevent any complications during the operation."* *"The staff members here told us. They informed us around 8 p.m. when they came in the evening."* *"The nurses and doctors here informed us. Already knew about it from previous check-ups."* *"Informed by the doctor. Already knew from the first experience with the child's mother's C-section."* *"From 8 a.m. until 1 p.m., the child was kept hungry. Before 8 a.m., he had nothing to eat."* *"Results of tests are more accurate when the stomach is empty."* *"The nursing officer informed us. We relied on information provided by the nursing officer. We rely on that because the child has to go for an operation, and whatever the doctor said, we agreed to it."* *"Child shouldn't cough during the operation. During the operation, there shouldn't be any coughing."*	
"It was scheduled for 8 in the morning, but it got delayed and took place at 2:30." *" Most Difficult Part was When the operation time was getting delayed. Difficult to handle the child's crying and restlessness."*	**Surgery Delay**

No one explained why the child should be kept hungry. They only told me to keep the child hungry." *"The doctor told us not to give him anything until the surgery." "They didn't explain much here because we already knew, but they just told us not to feed the child until the surgery."* *"No, they simply told me not to give food, so I didn't."* *"No, we did not search anywhere. The doctor told us, and we understood it ourselves."* *"We were not specifically explained about this; the doctor just said that the procedure needs to be done, and he has to stay hungry for it."* *- "The doctor came and explained and We followed the doctor's advice."* *"Doctors working under Narendra Choudhry, such as Dr. Shreenivasan, provided instructions."*	**Lack of Explanation** **Lack of Detailed Explanation**
"His mother and his aunt were with him. They took care of him; he slept most of the time." *"Yes, my husband was with me. He said that the doctors have forbidden us to feed the child, so we shouldn't."* *"Yes, my sister-in-law and her daughter-in-law were there with me."* *"I benefited greatly. They got things done quickly, things I didn't know about."* *"My mother is here, and her presence is quite reassuring. Having the grandmother around gives everyone hope."* *"Having someone to lean on is a significant relief."* *"If you have a bit of support, everything becomes manageable."* *"My husband was there, but everything was already known, so there was no need for additional help."* *"No one assisted.My husband was with me, but he didn't do anything separately."* *"Brother, uncles, and cousins were there. Benefited from quick work and assistance from family members."* *"My husband was there, but I was the one taking care of keeping the child hungry."*	**Family Support** **Support System**
"The child was completely exhausted and very tired." *"He was mostly asleep, so he was not overly troubled, did not cry much, and did not make much noise."*	**Impact on Child's Behavior**

"He would need some strength to make noise; he was making very slow sounds." *"Small children do face some difficulties. We adults can tolerate it, but small children can't express themselves."* *"It's a bit challenging for them. We can manage it, but it's not easy for the children."* *"In the final hours, he gets very agitated."* *"He gets agitated by hitting us, not stopping, no matter what you do. He just keeps crying."* *"He was quite restless. At first, he would move his hands a lot, and then he would start hitting us."* *"No, the child did not ask for water, but yes, they did ask for food."* *"However, I explained to the child that the doctor had advised against it because of the upcoming operation, and the child understood."* *"He cries for food anyway, saying, 'Mom, give me food,' so he was a bit fussy."* *"He was normal; he cries for food anyway, saying, 'Mom, give me food,' so he was a bit fussy."* *"At first, the child was playing, but then he was getting ready for surgery, and we explained things to him, he cried a little, but when he understood, he stopped crying and said goodbye."* *"The child is a bit scared during the initial hours when they are fasting for the tests."* *"It's common for children to fear the needle because they don't know if someone will give them an injection."* *"In the morning, the child was crying a lot for food."* *"The child was still thirsty and hungry despite the treatment."* *"There was a lot of difficulty in the later hours because the child starts feeling hungry, then he starts crying, and it becomes very challenging for them to cooperate."* *"Children often demand food, cry, and get a bit irritated if they are hungry for a long time."* *"He kept saying, 'Please make my stomach better, take me to a good doctor, get me good medicine So, we thought that if we follow the doctor's advice, the operation will happen, and the child's pain will reduce."* *"He was a bit irritable.The child was okay and didn't cry much."*	**Challenges for Children** **Child's Behavior During Fasting** **Child's Emotional Response** **Dealing with Child's Requests**

“No problems in the initial hours. Towards the end, they got a bit irritable." *"No significant difference in the child's behavior. Child remained calm throughout the process."* *"Child gets a bit irritable due to the doctor's attire and repeated needle attempts."* *"The child kept saying repeatedly that he wanted to drink milk and eat. Child started crying when his hunger increased."* *"Walking through the gallery, patting his back, and showing things to distract him."* ***"No problem in the morning; he seemed a bit sluggish, as if we weren't giving him anything to drink or eat."***	
"There weren't many problems as compared to the previous time when we had it done." ***"Knew it from the first surgery."***	**Fasting Experience Comparison**
"Parents should be informed first about the pros and cons of fasting, the advantages and disadvantages, and what might happen in the OT if the child is not kept hungry." ***"The spoken explanation connects with the person more effectively."*** ***“Well, if the person is willing to understand, explaining verbally works better. It's not easy for someone to fully understand through written instructions because one word can have multiple meanings."*** *"Parents should be informed. It's essential for the parents to understand, especially those who haven't experienced it before."* *"It depends on the parents. Some might understand better when it's spoken, while others prefer written instructions."* *"It should be explained to the doctors a bit that if we have to keep the child hungry for 12 hours, we will put up an IV bottle, give injections with protein."* *"Explaining it verbally is more effective because that's the right way."* *"Yes, they should explain that the child is being kept hungry and the reason for it. Why the child is being kept hungry should be told."* *"No, it should be given in written form because once something is written, it cannot be changed."* *"In our opinion, it is better to keep the child at least a little hungry."* *"Some people understand better when it's written, and others understand better when it's explained verbally."*	**Communication to Parents** **Importance of Verbal Explanation** **Need for Parental Information** **Suggestions for Improved Communication** **Staff Communication Improvement** **Communication Strategies** **Communication to Other Parents** **Preferences in Information Delivery**

"Parents should be informed about the fasting process." *"The information can be conveyed verbally or in writing."* *"Explained to him, and others also helped."* *"It should be explained to other parents based on their understanding."* *"Some people may understand better when it's spoken, while others might prefer written explanations."* *"It depends on the age of the child. Older children adjust more easily and are less troubled."* *"For others, a complete explanation should be given about the time and why NPO is necessary. Just saying to keep the child NPO from a specific time without proper context is not right."* *"Oral information can be given to the mother because the mother can take better care of the child."* *"If a complete procedure is explained to the mother, she can manage the child better."* *"Verbally, because there is not much time to write everything down. Verbal communication is quicker and more effective."* *"It was correct. Explained in a way that suits a small child."* *"Explaining verbally would be better."* *"Instructions should be explained verbally. No time to write everything down."* *"Staff here has been very supportive. Explained the need to keep the child hungry, ensured comfort, and provided guidance."* *"Explanation about the process was given verbally."* *"Verbal communication is quicker and more effective for parents to understand."* *"It should be communicated in simple Hindi, telling them not to feed the child before going to the operating theatre and not to give them water."* *"They should also be informed about the fixed time for the operation in the OT."* *"In my opinion, it should be conveyed verbally because if they are not literate, what's the use of giving them written information?"*	

"No, we didn't make any separate preparations. I just fed him in the evening, and we brought biscuits and a packet of Kurkure chips, which he ate." *"I didn't make any special preparations."* *"I fed him before sleeping."* *"They took the child early in the morning, around 12:30 p.m., so we didn't do anything before that."* *"They were sleeping, right? He woke up around 11 a.m., so nothing much happened."* *"Didn't make any preparations. Stopped the child's food at 11 o'clock; surgery around 6 o'clock."* *"No special preparations; fed the child as usual."*	**Limited Preparation** **Preparation for Fasting**
"The main difficulty was that when he cried, we felt like crying too. He was hungry, and we were just sitting there." *"The most challenging part was dealing with his hunger. If we feel hungry, we can simply say that we want to eat, but these young children don't understand such things."* *"If you think it's getting too late, give 2-4 drops of water because the child's throat can get dry."* *"We try to keep them occupied, distract them when they feel bothered because we can't feed them. That's the best we can do."* *"When the child started crying, I picked him up and tried to comfort him."* *"It was our first time, and we didn't have much of an idea."* *"It felt strange that the child was hungry and asking for food, and we couldn't give it."* *"I just consoled him by saying that we would give it in a little while. I told him, 'We'll give it to you in a little while, wait a bit more.'"* *"He asked for water, but we did not give him water. We pacified him with words, walked him around a bit."* *"When he requested water after this, we asked the doctor for permission to give him water, and the doctor said to*	**Challenges in Dealing with Hunger** **Dealing with Difficulties** **Parental Understanding** **Managing Difficulties** **Coping Strategies** **Handling Difficulties** **Strategies to Make Child Happy**

give him a sip of water after an hour." *"Keeping him hungry is necessary, and whatever the doctor does, it will be for the child's well-being, and if you follow the doctor's advice, the child will recover quickly."* *"No, I didn't face any difficulties at all."* *"But in the morning, he had a bit of trouble because he kept asking where I was going."* *"I was standing in front of that gate until the child came back from surgery. I couldn't think about myself at that time."* *"The most challenging part was just hoping that the surgery would go well."* *"For me, it was about telling him that when he said, 'Mom, I'm hungry,' I'd say, 'Son, we'll eat in a little while, what do you want to eat?'"* *"Besides that, I talked to him; his father talked to him, and his aunt talked to him."* *"Keeping a child empty stomach is a bit challenging."* *"The child doesn't understand why they are being stopped from eating, which can be quite distressing."* *"It's not really a difficulty; it's just that the child gets a bit scared."* *"The most challenging part was that my child's mother isn't here right now."* *"The main challenge was managing the child's hunger and thirst."* *"The child was hitting me and demanding to be fed."* *"We mainly focused on explaining the situation to the child."* *"The last 2 hours were a bit more difficult; the child cried a lot, and making him calm was the most challenging part."* *"Making him calm was the most challenging part for me."* *"He cried a lot, and showing him something new in the OT area helped. I would show him things through the window, like other babies or animals, to entertain him."* *"The main difficulty was that we couldn't give them anything to eat when they asked for it."* *"We prayed to the Almighty to make things better for them so that they could eat something after the operation."*	

"Our child was crying, and we felt like giving him a little milk, but we didn't give him anything." *"In the beginning, we were worried about how long we could keep him hungry."* *"The most difficult part was when the staff was taking the child inside for the operation."* *"We felt anxious and scared about what would happen next."* *"We controlled ourselves and let them take the child inside."* *"We tried to comfort the child by saying that the operation would be successful and that he would be okay."* *"We engaged him in conversations to divert his mind."* *"We narrated stories about our home, saying that he would be okay and go home."* *"The difficulty was that the child was hungry and going for surgery."* *"Brother suggested distractions and promised treats after fasting."* *"Child wants to move around and keeps asking for things. Difficult to handle the child's demands and make them happy."* *"Promising to get them favorite chocolates or biscuits. Engaging in conversations about school and teachers."* *"Carried them around, showed them things, talked to them. Promised to fulfill their desires after the procedure."* *"Felt like the child should eat something, but have to follow the doctor's instructions. Can't do anything on our own."* *"Our heart didn't agree, but had to follow the doctor's instructions. Depended on courage from family and faith in God."* *"Managed by engaging in conversations and assuring the child that water would be provided."* *"Main challenge was the child asking for food"* *"Difficulties were that we had to keep moving him from here to there and console him. Most challenging part was his hunger, him crying, and repeatedly having to move him around."*	

"According to our understanding, it's better not to keep the child fasting for too long. If they say to keep him fasting for 4 hours, you can keep it for 2 hours and then feed him for the next 2 hours." *"According to us, you should feed and give water."* *"The last option is that the child is small, cannot speak, so the only thing is to apply water on the lips for 1-2 hours; then the child feels a bit relaxed by licking."* *"People can do whatever they prefer. They can sing lullabies, give toys, play with the child."* *"I would tell them that you should keep the child fasting; otherwise, you might face difficulties, and if you are feeding the child, it will be your responsibility because the doctor has already stated not to feed."* *"You have to help or explain to them because doctors are not available all the time. Talking brings peace, both medicine and prayer work."* *"If your child is crying or suffering, then give him a toy to play with or take him to different places to divert his mind."* *"In any way, distract the child, keep him engaged; keeping him hungry is essential."* *"Well, I can suggest that maybe there could be some medication... or something like an Intravenous infusion, or anything to prevent hunger."* *"You shouldn't become weak in front of your children!"* *"First make yourself understand that there's nothing to be afraid of, and then explain it to your child."* *"The best way is to make them understand."* *"You should tell the child to wait for a little while because if they eat something once, they'll have to repeat the tests."* *"It could be a toy they like or anything that makes the child happy."* *"If he can go out for a bit, it won't feel suffocating to him, and he'll think that we're taking him for a walk."* *"The staff has already explained this, so it's the responsibility of parents to make their child understand."* *"Parents should remain strong in front of their children."* *"Make sure you understand the situation and then explain it to your child."*	**Advice on Fasting Duration** **Parental Responsibility** **Dealing with Child's Discomfort** **Diversions During Fasting** **Responsibility of Parents** **Parental Advice**

"If you are going somewhere for some other work, you can tell the child that you're going to get food, and when you return, you can say that you couldn't find any, but you got some water. This way, you can keep the child calm." *"It might be easier with mutual help."* *"You need to make the child understand. It's better when you have support from others, but it's still challenging."* *"Keeping him close and showing him something new in the OT area helped."* *"For smaller children, giving them their choice of toys and introducing them to new things in the hospital can help."* *"Keep food items away from them, keep drinks away, so they won't ask for it, because they are children, and if these things are in front of them, they will ask for them."* *"Stay with the child, be with them. Give them toys, take them around in the foyer, and distract them."* *"Pacify children with a mobile, engage in conversation. Distract them with school-related topics to shift attention from hunger."* *"Parents can keep their child engaged by drawing or playing games."* *"The easiest way is to keep the child distracted, carry them on your shoulders, pat their back."* *"Child should eat as much as they can at night because they won't be given food for quite some time after that."* *"Follow what the doctor says. Gently put the child to sleep. After the IV Infusion is inserted, the child won't feel thirsty."*	
"No, I didn't give him a mobile phone initially, but then my husband said to give it to him for a little while to calm him down because he was getting very cranky." *"Yes, I did, and the phone was quite helpful to him; it distracted him."* *"When he gets very upset, I give him the mobile for a while."* *"Nowadays, children don't talk without mobiles."*	**Use of Mobile Phones**

"Used a mobile phone to keep him occupied." *"We diverted his attention by showing him a mobile phone and engaged him in conversations about his family."* *- "Showed them the mobile, talked to them, and diverted their attention. Showing cartoons on the mobile."* *"Don't be too anxious; work according to the doctor's instructions. Don't do anything on your own."* *"Showed him cartoons. Cartoons helped a little; other parents advised to show a mobile to the child."* *"Diverted attention by showing cartoons on the mobile. Watching videos on the mobile kept him engaged."* *"Using a mobile phone with games or cartoons can make the process more manageable."* *"No, when our child is hungry, he doesn't pay attention to the phone."*	
"No, there was no assistance from anyone other than the doctors. The doctors used an IV bottle and administered injections." *"Yes, the child did receive fluids through an IV bottle. It helped reduce the child's hunger and thirst to some extent."* *"I made preparations, gave him a good amount of milk before keeping him NPO at 4 am."* *"Yes, fluids were given. DNS was administered. There is a benefit [of giving fluids] to prevent dehydration because if the child feels weak from inside and we do not give any fluids, they may become dehydrated internally."* *"No, we didn't make any preparations, our child himself understood that he shouldn't eat anything. We tried to encourage him to drink some milk a little earlier, but he insisted that he wanted to go through the surgery on an empty stomach."* *"IV Bottle Helped the child stay hungry for a longer time."* *"Yes, the child had an IV bottle. IV bottle provides all the necessary energy."* *"Sought assistance from a staff member."* *"Did not inquire or talk to other parents; followed the doctor's guidance."*	**Assistance and Treatment**

"IV bottles were very beneficial. Helped in the child's recovery, especially when he couldn't eat." *"Did not seek assistance from anyone else. We don't ask [other parents nearby] because we get scared that they might have a different treatment."* *"No special preparations; fed him in the evening before sleeping. Stopped giving milk by 4am."* ***"People around here talk to each other about it, or sometimes I've heard it from outside."*** ***"Helped because with the IV bottle, he wasn't asking for water. He was asking for it before."***	
"There are no harms, but hypoglycemia may occur, maybe. However, for 6 to 8 hours, there are no significant harms." ***"No harm, but there is always fear. Fear about how we will manage the child if they have to be kept hungry for a longer time."*** ***"Don't think there are any disadvantages; doctors can give better information."***	**Potential Harms**